

Financial Certification

In completing this section, refer to the enclosed information regarding costs and the estimate of expenses. **Indicate in U.S. dollars the amount of money that will be available to you annually from the sources specified below, and provide the appropriate supporting documents. You must show a source of full financial support for all years of attendance** (Bachelor's – 5 years, Master's – 3 years, Doctorate – 5 years). Funds for the support of dependents accompanying you to the U.S. must also be included. A Certificate of Eligibility (Form I-20 or DS-2019) may only be issued when you show satisfactory financial arrangements for meeting the expenses of your entire program of study at North Dakota State University. NDSU retains the right to require an advance deposit from students in countries that are experiencing difficulties in foreign exchange.

Source of Funds	Amount Provided to Applicant Annually	Circle Number of Years Funds Will Be Provided				
		1	2	3	4	5
Personal sources						
Applicant's savings (attach bank statement of account)	\$ _____	1	2	3	4	5
Applicant's salary while on leave (attach annual salary statement)	\$ _____	1	2	3	4	5
Family member's savings (attach bank statement of account)	\$ _____	1	2	3	4	5
Family member's salary (attach annual salary statement)	\$ _____	1	2	3	4	5
Other sponsor's income (attach documentation)	\$ _____	1	2	3	4	5
Individual sponsor (not a member of your family)						
Sponsor's Savings (attach bank statement of account)	\$ _____	1	2	3	4	5
Sponsor's Salary (attach annual salary statement)	\$ _____	1	2	3	4	5
Other personal income (attach documentation)	\$ _____	1	2	3	4	5
Scholarship/Assistantship (attach detailed scholarship award letter)	\$ _____	1	2	3	4	5
Type and source: _____						
Total (must equal the university's estimate of calendar year expenses)	\$ _____					

Do you have any dependents who will come with you to the U.S.? Yes No If yes, identify each dependent below. **You must show sufficient funds to cover your dependents' living expenses while in the U.S. – approximately \$5,000 for a nonstudent spouse, \$2,000 for the first child, and \$1000 for each additional child.** (use additional paper if necessary)

Name	Relationship	Birthdate	Country of Birth	Passport # (if available)
1. _____				
2. _____				
3. _____				

<p>Banks Officials Certification</p> <p>This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available. This does not constitute a guarantee on the part of the bank.</p> <p>Bank official's name: _____ <small>(please print)</small></p> <p>Signature: _____ <small>(place stamp of bank over signature)</small></p> <p>Name of bank: _____</p> <p>Address of bank: _____</p> <p>Date: _____ <small>Month/Day/Year</small></p> <p><i>Please provide original or certified copy of bank statement.</i></p>	<p>Financial Sponsor's Certification</p> <p>This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, that the funds are available, and that I will provide them as indicated.</p> <p>Sponsor's name: _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Relationship of sponsor to student: _____</p> <p>If sponsor resides in U.S., please indicate citizenship or immigration status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Immigrant <input type="checkbox"/> Non-immigrant (visa type) _____</p> <p><i>Please provide original or certified copy of bank statement.</i></p>
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My signature on this Financial Certification indicates that I understand that I am responsible for all tuition, fees, and living expenses that I incur during my attendance at North Dakota State University and that with the exception of any scholarship or assistantship already offered to me by the university, I do not expect North Dakota State University to provide me with financial assistance or employment. I also certify that the information provided here is correct and complete.

Student's signature: _____ Date: _____
Month/Day/Year

Please print name: _____
(last or family) (first) (middle)

Undergraduate applicants: Return this form to the Office of International Programs, P.O. Box 5582, Fargo, North Dakota 58105, USA.
Graduate Applicants: Return this form to the Graduate School, P.O. Box 5790, Fargo, North Dakota, USA.