International Student Services
Division of Student Success Center
F-1 Declaration of Financial Support

The Department of Homeland Security (DHS) requires that all F-1 students show proof of financial support for each year of university study in the United States. To meet this requirement, all F-1 students must submit:

1. A financial affidavit signed by the student and sponsor(s).
2. A bank statement or other comparable evidence of financial stability. This official document must be dated within six months of the start of the semester and be signed, dated and stamped by bank official.

The current minimum amount required per academic year is $17,220 for a student even if receiving any scholarship assistance (add $5000 for your spouse and $3000 for each child listed as your dependent). These amounts are subject to change without prior notice. This form should be used only by students who are sponsored by self, family members, or personal friends. Those who have official government or agency sponsors should submit their sponsor documents.

Please mail all official financial documents to the following address:
Delta State University
International Student Services
1003 W. Sunflower Road, DSU Box 3232
Cleveland, MS 38733

STUDENT PERSONAL INFORMATION:

Name: ____________________________________________
Family Name ________________________________ First Name ___________ Middle Name ______________

U.S. Address (if applicable): ________________________________

Permanent Non-United States Address (required):
Street ____________________________________________ Apartment # __________
City ____________________________________________ Territory/Province _________
Country ___________________________ Postal Code ________

Home Phone (Include Area Code): __________ Email Address: __________________

Field of Study: ____________________________ Degree Sought: ____________________________

Expected Date of Enrollment: ______ Fall ______ Spring ______ Summer ______ Year: ____________

Immigration Information:

Are You Currently in U.S.? _____ Yes _____ No

If Yes, Which Immigration Status? ___ F1 ___ F2 ___ J1 ___ J2 Other (Specify Type): ________________

Admission (I-94) Number: ____________________________

Town/City and Country of Birth: ____________________________ Country of Citizenship: ____________________________

Date of Birth (MM/DD/YY): ___________ Marital Status: _____ Single _____ Married

Please Check Appropriate Box: _____ I plan to come alone to the U.S.

_____ I plan to have my dependents come later to the U.S.

_____ I plan to bring dependents with me.

Please Complete If Bringing Dependents to the U.S.:

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
<th>Relationship</th>
<th>Date of Birth (MM/DD/YY)</th>
<th>Country of Birth</th>
</tr>
</thead>
<tbody>
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</tbody>
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Continued…
Student Name: ____________________________________________

FINANCIAL SUPPORT VERIFICATION:

Financial Sponsor(s): Total support from sponsors must be a minimum of $17,220.

Sponsor 1:

I have read the estimated budget for DSU international students listed below, and I agree to support the student named above for a period of ________ year(s) in the amount of $_______ USD per year.

Name: ____________________________
Address: ____________________________
Relationship to Student: ____________________________
Sponsor 1 Signature: ____________________________ Date: ____________

Sponsor 2 (If Applicable):

I have read the estimated budget for DSU international students listed below, and I agree to support the student named above for a period of ________ year(s) in the amount of $_______ USD per year.

Name: ____________________________
Address: ____________________________
Relationship to Student: ____________________________
Sponsor 2 Signature: ____________________________ Date: ____________

ESTIMATED INTERNATIONAL STUDENT FEES AND EXPENSES FOR 2014-2015*** ACADEMIC YEAR*:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Tuition (Undergrad: 12-19 Hours. Graduate: 9-13 Hours)</td>
<td>$6,012</td>
</tr>
<tr>
<td>(Hours above maximum number requires overload fee per hour)</td>
<td></td>
</tr>
<tr>
<td>Books, Fees and Supplies</td>
<td>$1,200</td>
</tr>
<tr>
<td>Residence Halls (Average Double Occupancy)</td>
<td>$4,642</td>
</tr>
<tr>
<td>Meals</td>
<td>$2,850</td>
</tr>
<tr>
<td>Required DSU International Student Health Insurance</td>
<td>$1,000</td>
</tr>
<tr>
<td>Required International Student Fee</td>
<td>$150</td>
</tr>
<tr>
<td>Required TB Chest X-Ray and MMR 1 &amp; 2**</td>
<td>$166</td>
</tr>
<tr>
<td>Personal</td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>TOTAL</strong>:</td>
<td><strong>$17,220</strong></td>
</tr>
</tbody>
</table>

*This is an estimate of minimal expenses only. Fees are subject to change at any time without prior notice. This budget does not include travel to and from the home country or vacation travel in the U.S.

**Medical items may be acquired in home country. These charges are only if needed in U.S.

***Fees for 2015-2016 academic year are subject to change.

STUDENT DECLARATION:

I have read the estimated budget for international students listed above, and I understand that my admission to Delta State University is contingent upon my ability to pay all expenses during my attendance. I also understand that if I cannot meet my financial obligations, or if it becomes evident that I have acted in bad faith in making this declaration of financial support, I may be withdrawn from school. I further certify the information submitted on this declaration is complete and accurate, and that submission of inaccurate information can be considered sufficient cause for terminating my application or enrollment to Delta State University.

Student Signature: ____________________________ Date: ____________

For more information, contact Elise Mallette, Coordinator of International Student Services, emallette@deltastate.edu

Updated: 11/12/14