



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 \$17,328 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.:

Family Name	First Name	Relationship	Date of Birth (MM/DD/YY)	Country of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Student Name: _____

FINANCIAL SUPPORT VERIFICATION:

Financial Sponsor(s): Total support from sponsors must be a minimum of \$17,328.

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 2015-2016 ACADEMIC YEAR*:

Tuition (Undergrad: 12-19 Hours. Graduate: 9-13 Hours) (Hours above maximum number requires overload fee per hour)	\$ 6,012
Books, Fees and Supplies	\$ 1,200
Residence Halls (Average Double Occupancy)	\$ 4,500
Meals	\$ 2,950
Required DSU International Student Health Insurance	\$ 1,050
Required International Student Fee	\$ 250
Required TB Chest X-Ray and MMR 1 & 2**	\$ 166
Personal	\$ 1,200
TOTAL*:	\$ 17,328

**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.*

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: _____

Updated: 08/03/15

For more information, contact Elise Mallette, International Student Advisor, 662-846-4576, emallette@deltastate.edu