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.:

<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>
<tr>
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</tbody>
</table>

Continued…
F-1 Declaration of Financial Support, Page 2

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*:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</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>$ 4,500</td>
</tr>
<tr>
<td>Meals</td>
<td>$ 2,950</td>
</tr>
<tr>
<td>Required DSU International Student Health Insurance</td>
<td>$ 1,050</td>
</tr>
<tr>
<td>Required International Student Fee</td>
<td>$ 250</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>Medical items may be acquired in home country. These charges are only if needed in U.S.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td>TOTAL*</td>
<td>$ 17,328</td>
</tr>
</tbody>
</table>

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