

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 \$23,500 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 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 \$23,500.

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 2022-2023 ACADEMIC YEAR*:

International Student Tuition (Undergrad: 12-19 Hours. Graduate: 9-13 Hours) (Hours above maximum number requires overload fee per hour)	\$	9,435
Books, Fees and Supplies	\$	1,573
Residence Halls (Double Occupancy)	\$	5,250
Meals	\$	3,692
Required DSU International Student Health Insurance	\$	1,600
Required International Student Fee	\$	600
Required New Student Orientation Fee	\$	40
Required TB Screenings (IHL Mandated Upon Arrival Prior to Start of Classes)	\$	110
Personal	\$	1,200
TOTAL*:	\$	23,500

**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.*

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 05/19/2022

For more information, contact International Student Services, international@deltastate.edu.