

Office of Graduate Services  
Frostburg State University  
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## INTERNATIONAL STUDENT CERTIFICATION OF FINANCIAL SUPPORT

Please fill out both sides of this form clearly and completely. Attach all required documentation and return the forms to the Graduate Services Office

NAME:	_____	_____	_____
	FAMILY (Surname)	GIVEN (First)	MIDDLE
PERMANENT ADDRESS:	_____		
	_____		
	_____		
MAILING ADDRESS: (if different from above):	_____		
	_____		
	_____		
COUNTRY OF BIRTH:	_____	COUNTRY OF CITIZENSHIP:	_____
DATE OF BIRTH:	_____	E-MAIL ADDRESS:	_____
	(Month) (Day) (Year)		

Please answer **ALL** of the following questions:

What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3100 pesos = \$1.00)? \$ \_\_\_\_\_

Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?  YES  NO

If YES, describe restrictions: \_\_\_\_\_

Do you have a source of emergency funds once you arrive in the U.S.?  YES  NO

If YES, name source: \_\_\_\_\_ Amount available in U.S. dollars? \$ \_\_\_\_\_

How will you pay for your transportation to the U.S.? \_\_\_\_\_

What is the total amount of money you expect to have when you arrive at Frostburg State University? \$ \_\_\_\_\_

Do you plan to remain in the U.S. during the summer?  YES  NO

If remaining in the U.S. do you plan to attend summer school?  YES  NO

If YES, what are the sources and amounts of support available to you during the summer?

SOURCE: \_\_\_\_\_ AMOUNT (U.S. dollars): \_\_\_\_\_

SOURCE: \_\_\_\_\_ AMOUNT (U.S. dollars): \_\_\_\_\_

Current expenses for an academic year of full-time GRADUATE STUDY at Frostburg State University are estimated to be **\$23,090** (includes tuition, mandatory fees, living expenses, books, personal expenses and mandatory health insurance). **BE AWARE THAT EXPENSES ARE SUBJECT TO INCREASE AT ANY TIME.**

An **original** statement from the financial institution(s), listed on the reverse of this form, detailing account activity, must be submitted as part of the prospective student's application package.

(1) The statement should be written on the financial institution(s)'s letterhead.

(2) The statement should contain an **original signature** and bear the financial institution(s)'s **stamp or seal**.

(3) The document should list the account holder's name; the current balance in the account(s) (in U.S. dollars); the amount available for withdrawal (in U.S. dollars); and the average balance for the last 90 days (in U.S. dollars.)

**THE UNITED STATES GOVERNMENT REQUIRES AN F-1 INTERNATIONAL STUDENT TO SHOW THAT FUNDS ARE GUARANTEED FOR THE FIRST YEAR OF STUDY AND THAT ADEQUATE FUNDING WILL BE AVAILABLE FOR SUBSEQUENT YEARS. *IF THE COMMITMENT IS NOT MET, THE STUDENT MAY BE SUBJECT TO DISMISSAL FROM THE UNIVERSITY FOR NON-PAYMENT.***

**STUDENT'S SOURCE OF FUNDS (U.S. dollar equivalent)**

*(If there is more than one source complete each section as appropriate. Supplemental information may be attached to this document)*

**Enter the expected amount of annual support from the source(s) listed below. Enter amounts in U.S. dollar equivalent. Please refer to required amounts on the reverse side of this sheet. PLEASE PRINT CLEARLY**

STUDENT'S SOURCE(S) OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT		Official Certification of Source(s) of Funds <i>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 and will be provided as indicated.</i>
	2006-2007	2007-2008	2008-2009	
<p><b><u>PERSONAL OR FAMILY SAVINGS</u></b></p> <p>Name and Address of Bank:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</p>				<p>_____ Signature of Bank Official</p> <p>_____ Title</p> <p>_____ Name of Bank</p> <p>_____ Date</p>
<p><b><u>PARENT(S)</u></b> (Money available from sources other than savings)</p> <p>_____</p> <p>Father's Name</p> <p>_____</p> <p>Mother's Name</p> <p>_____</p> <p>Describe Source(s) of Funds</p>				<p><b><u>Parent(s) Signature Required</u></b></p> <p>_____</p> <p>_____</p> <p>Signature of Parent(s)</p> <p>Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b><u>SPONSOR(S)</u></b> (Money available from source(s) other than parents)</p> <p>Sponsor's Name</p> <p>_____</p> <p>Sponsor's Name</p> <p>_____</p> <p>Describe the Source(s):</p>				<p><b><u>Sponsor(s)'s Signature Required</u></b></p> <p>_____</p> <p>_____</p> <p>Signature(s) of Sponsor(s)</p> <p>Relationship to Student</p> <p>_____</p> <p>_____</p>
<p><b><u>YOUR GOVERNMENT</u></b></p> <p>_____</p> <p>_____</p> <p>Name of Agency (Enclose with this form the original signed letter of award)</p>				
<b>TOTAL</b>	\$	\$	\$	\$

**A CERTIFICATE OF ELIGIBILITY (Form I-20) *will not* be authorized until this form is completed and returned to the Frostburg State University's Graduate Services Office. The Center for International Education (CIE) will attach a copy of this form to your I-20 document. Both this form and the I-20 must be shown to the U.S. Consul to obtain a visa**

**I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.**

**SIGNATURE OF STUDENT** \_\_\_\_\_

PLEASE WRITE CLEARLY

**Date:** \_\_\_\_\_

(MM/DD/YY)