



This original confidential financial certification form **must** be completed and submitted along with supporting financial documents and **a copy of the student's and any dependents' passports** before a Form I-20 or DS-2019 will be issued. If you have any questions about completing this form contact MSU International Services Office: Telephone (662) 325-8929, Fax (662) 325-8583, E-mail: international@msstate.edu

Part I: Estimated Expenses

Estimated Fees and Expenses for 2019-2020	
Tuition and Fees	23950
Room and Board	10436
Required Medical Insurance	2006
Chest X-Ray and Tuberculosis Test	140
International Fees (Fall and Spring)	300
Personal and Transportation	6558
Total:	43390

These are the 2019-2020 estimated annual expenses for international students. Your supporting financial documents must total \$43,390. If you are married and your spouse and/or children are accompanying you to the U.S., you must show an additional \$3,850 for your spouse and an additional \$3,850 for each dependent child. Since course registration is only required for fall and spring semesters, these numbers only include tuition for fall and spring semesters. Keep in mind that if summer is your first semester or if you choose to take courses during the summer, your fees will be higher than what is listed.

Fees are subject to change without notice. The tuition amounts are based on full-time enrollment during fall and spring semesters. You may be required to enroll in additional credit hours per semester depending on your program schedule. Please check with your academic department on enrollment requirements. For the 2019-2020 Tuition and Fee schedule, please visit <http://www.controller.msstate.edu/accountservices/tuition/index.php>. Living expenses are calculated based on the Cost of Attendance as determined by the Office of Financial Aid, found here: <http://www.sfa.msstate.edu/cost/>

Part II: General Information

MSU Student ID:

Visa Status Requested: F1 (I-20) J-1 (DS-2019)

If you are already in the US, indicate your current visa status:

Will you transfer your SEVIS record from another US Institution? No Yes If yes, name of institution:

Admission for Semester: Fall Spring Summer

Degree Level Admitted for: Bachelor Master Doctorate Permanent Foreign Mailing Address:

Part III: Personal Information

Surname/Primary Name:

Given Name:

Gender: Male Female

Date of Birth: / /
 mm dd yyyy

Country of Birth:

Country of Citizenship:

City of Birth:

US Address (for U.S. Transfers only):

Street:

City:

State:

Zip Code:

Where would you like MSU to mail your I-20/DS-2019?

Permanent Foreign Mailing Address

U.S. Mailing Address

I will pick up my I-20 after arrival (U. S. Transfers only)

A friend will pick up my I-20. Friend's name

Express mail (<https://study.eshipglobal.com/>)

Other

Part IV: Dependent Information

If you will be accompanied by your spouse and/or children (under 21 years old) on an F-2 or J-2 visa, you are required to demonstrate your financial ability to support them. The additional cost of supporting a dependent is \$3,850 per year per dependent. Please provide us with the information below regarding your dependents. **Please attach a copy of each dependent's passport to this form.**

Dependent's full name as it appears in the passport:		Date of Birth (mm/dd/yyyy)	Country of Birth	City of Birth (J2 only)	Citizenship	Relationship (husband/wife; son/daughter)
(Surname/Primary Name)	(Given Name)					

I do not plan to bring any dependents with me at this time

Part V: Funding

SOURCES OF FUNDING	AMOUNT IN US DOLLARS
PERSONAL <i>(Funds from self and private loans)</i> Name of Bank: _____ City & Country of Bank: _____	\$
FAMILY <i>(Funds from immediate family members: parents or spouse)</i> Name of Account Holder: _____ Relationship to Student: _____ Name of Bank: _____ City & Country of Bank: _____ Family Member's Signature*: * I have read the estimated budget for an international student. I agree to support the student named above for the duration of enrollment for the amount indicated. I understand that tuition and fees are subject to change without notice.	\$
INDIVIDUAL SPONSOR <i>(Funds from other individuals or extended family members)</i> Name of Sponsor: _____ Relationship to Student: _____ Name of Bank: _____ City & Country of Bank: _____ Individual Sponsor's Signature*: * I have read the estimated budget for an international student. I agree to support the student named above for the duration of enrollment for the amount indicated. I understand that tuition and fees are subject to change without notice.	\$
GOVERNMENT, EMPLOYER, OR OTHER ORGANIZATION <i>(Attach a signed copy of your official sponsorship letter.)</i> Name of Organization: _____ Type: <i>(CHECK THE BOX BELOW)</i> <input type="checkbox"/> U.S. Government <input type="checkbox"/> Employer <input type="checkbox"/> Company <input type="checkbox"/> International Organization <input type="checkbox"/> Home Government	\$
SCHOLARSHIPS (Undergraduate Students Only) <i>Must attach a signed copy of your award letter.</i>	\$
GRADUATE ASSISTANTSHIP <i>(Must attach a signed copy of your offer letter. Please indicate in the dollar amount, the total amount of your stipend. We will calculate the tuition waiver based on your specific assistantship. If extra funding is required, we will contact you by email)</i>	\$
LIST ADDITIONAL SOURCES OF FUNDS	\$
TOTAL <i>(Must be equal to or greater than the estimated expenses for one year in your program of study and those related to supporting dependents if any. See Part I for estimated cost of attendance.)</i>	\$

I have read the estimated budget for international students, which appears above. I understand that if I cannot meet my financial obligation my enrollment at Mississippi State University may be terminated. I certify that the information submitted on this form is complete and accurate, and I understand that submission of inaccurate information in this declaration can be considered sufficient cause for terminating my application or enrollment at Mississippi State University.

Student's Signature: _____

Date: _____