



ENGLISH LANGUAGE INSTITUTE F-1 STUDENT CERTIFICATION OF FINANCES

To obtain a visa to enter the U.S., international students must prove that they will have adequate financial support. The following is an ESTIMATED budget for a single student who is planning to study at the ELI. You must complete this form and submit it along with supporting financial documents and a copy of your passport (and any dependent’s passports) before an I-20 will be issued. If you have any questions about completing this form please contact the ELI by Phone (662) 325-2648, Fax (662)325-4242 or by email at [eli@msstate.edu](mailto:eli@msstate.edu).

**Part I: Estimate Expenses**

2019-2020 Total Estimated Costs	Fall/Spring/Summer (8 weeks)	Fall/ Spring (16 weeks)	One Year (12 months)
Tuition and fees	\$2,425.00	\$4,850.00	\$12,125.00
On-/Off-campus room and board (doesn't include \$75 on-campus housing application fee)	\$2,523.00	\$5,046.00	\$12,615.00
Books and supplies	\$175.00	\$350.00	\$875.00
Health insurance (required)	\$480.00	\$800.00	\$1,925.00
Personal expenses	\$766.00	\$1,532.00	\$3,830.00
<b>TOTALS</b>	<b>\$6,369.00</b>	<b>\$12,578.00</b>	<b>\$31,370.00</b>

This budget does not include travel from the home country or travel within the U.S. These are estimated minimum expenses only. Tuition and fees are subject to change without notice.

**Part II: Personal Information**

Last Name (Family): \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year (ex. 01/01/2000)

**Part III: Mailing Instructions**

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

- Permanent Foreign Mailing Address
- Mailing Address from Application form
- 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 (you can request express mail delivery through University Express Mail Service (UEMS)/ (Eship Global) to have your documents shipped. It will be up to you to set up your account, create the label, and process the shipping. <https://study.eshipglobal.com/>).

**Part IV: Dependent Information**

Will you be accompanied by a dependent  Yes  No

If you will be accompanied by your spouse and/or children (under 21 years old) on an F-2 visa, you are required to demonstrate your financial ability to support them. The additional cost of supporting a dependent is \$960 per session per dependent. Please provide us with the information below regarding your dependents. Please attach a copy of each dependent’s passport to this form.

Family Name	First Name	Date of Birth MM/DD/YYYY	Country of Birth	Country of Citizenship	Relationship (Husband/wife; son/daughter)

If you need additional space, please provide this information on a sperate sheet of paper.

**Part V: Funding**

The proof of funding must be equal or greater than the estimated cost of all the sessions the student plans attend (up to 1 year). Proof of funding must be less than 6 months old.

**Total estimated expenses: \$ \_\_\_\_\_**

SOURCES OF FUNDING	Amount
<b>Personal Funds</b> (from self) Submit a bank letter or statement that is less than 6 months old Bank Name _____ Bank City & Country _____	\$ _____
<input checked="" type="checkbox"/> <b>Family or Individual Sponsor</b> Submit a bank letter or statement in the sponsor’s name that is less than 6 months old. Name of Account Holder _____ Relationship to Student _____ Bank Name _____ Bank City & Country _____	\$ _____
Signature of Sponsor* _____ Date _____ <i>*I have read the estimated budget and expected total expenses for English Language Institute students, and I agree to support the student listed on this application for the amount indicated and for the duration of enrollment. I understand that tuition and fees are subject to change without notice.</i>	
<input checked="" type="checkbox"/> <b>Government, Employer, or Other Organization</b> Submit the standard sponsorship document or letter. Name of Organization _____ Indicate Type: <input type="checkbox"/> Government <input type="checkbox"/> International Organization <input type="checkbox"/> Departmental <input type="checkbox"/> Company <input type="checkbox"/> Employer	\$ _____
<b>Total</b> (Equal or greater than the estimated expenses for the duration of the enrollment period and covering dependents.)	\$ _____

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.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_