

Graduate School
Oregon State University, 300 Kerr Administration Building, Corvallis, OR 97331, U.S.A.
Phone 541-737-4881 Fax 541-737-3313 Email graduate.admissions@oregonstate.edu/
http://gradschool.oregonstate.edu/

INTERNATIONAL GRADUATE STUDENT CERTIFICATION OF FINANCES FORM 2017-2018

All international applicants to Oregon State University, including applicants with graduate assistantships, must complete this form and return it to the Graduate School (address above).

| 1. NAMI | E (as shown on passport): | | | | | | | | |
|--------------|----------------------------------|--|---|----------------------------|-------------|----------------|---------------------------------------|---------------|------------------------------|
| | | Last (Family/Surname) | | | | First (Given) | | Mid | dle (if any) |
| 2. CURR | ENT MAILING ADDRESS | : (address to which | your OSU I-: | 20/ DS-2019 | will be sen | it): | | | |
| | | | | | | | | | |
| 3. PERM | IANENT HOME COUNTRY | / MAILING ADDRE | SS (no PO E | Boxes please | e): | | | | |
| | | | | | | | | | |
| 4. PHON | E (include country code): | | | | 5. EMAIL: | | | | |
| 6. DATE | of BIRTH (MM/DD/YY): | | | | 7. PLACE | of BIRTH (city | and country): | | |
| 8. GEND | GENDER (check): Male Female | | | 9. COUNTRY of CITIZENSHIP: | | | | | |
| 10. COU | NTRY of LEGAL PERMAN | IENT RESIDENCE | (if applying f | or J-1 visa): | | | | | |
| 11. PRO | POSED FIELD OF STUDY | / : | | | | | | | |
| 12. PRO | POSED DEGREE (check): | Master's | Doctor | ate (PhD) | 13. MARIT | TAL STATUS (| check): | Married | Single |
| 14. WILL | . ANY OF YOUR DEPEND | ENTS (SPOUSE A | ND/OR CHIL | DREN) CO | ME TO THE | US WITH YC | OU? (check): | Yes | No |
| 15. IF YE | ES, PLEASE PROVIDE INI | FORMATION FOR | EACH DEPE | ENDENT (SF | POUSE AND | O/OR CHILDR | EN) - ATTACH SE | ECOND PAG | E IF NEEDED: |
| | | | | | | | | | |
| Last (Family |) Name / First Name / Middle Nam | e R | elationship | Gender | City & Cou | untry of Birth | Country of Citize | nship | Date of Birth (MM/DD/YY) |
| Last (Family |) Name / First Name / Middle Nam | ne R | elationship | Gender | City & Cou | untry of Birth | Country of Citize | nship | Date of Birth (MM/DD/YY) |
| Last (Family |) Name / First Name / Middle Nam | ne R | elationship | Gender | City & Cou | untry of Birth | Country of Citize | nship | Date of Birth (MM/DD/YY) |
| 16. ARE | YOU CURRENTLY IN TH | E UNITED STATES | 5? (check): | Yes | No | • | ed Yes, complete ed No, please con | • | C, D D, E (and F, if J-1) |
| A. | · · | (Please attach a ph or/ Student (J-1) ndicate visa type he | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ent): | | | |
| B. | NAME OF INSTITUTION | YOU ARE ATTEN | DING IF YOU | J HOLD A S | TUDENT V | ISA: | | | |
| C. | IF YOU CURRENTLY HA | VE A VISA, DO YO | OU WISH TO | REMAIN IN | N THIS TYP | E OF VISA ST | ATUS: (check): | Yes | No |
| D. | PLEASE ATTACH A PHO | TOCOPY OF YOU | IR PASSPOI | RT IDENTIF | ICATION P | AGE AND THI | E SAME FOR EAC | CH DEPEND | ENT. |
| E. | WHAT VISA TYPE DO Y | OU EXPECT TO RI | ECEIVE? (ch | neck): | Studen | nt (F-1) | Exchange Visitor | :/Student (J- | 1) |
| F. | IF YOU WISH TO APPLY | FOR A J-1 VISA, \ | WHAT IS YC | UR CURRE | ENT OCCUF | PATION: | | | |
| | | | | | | | | | |

| NIANAE (og chown on nacchart). | | | | | | |
|---|---|--|--|--|--|--|
| NAME (as shown on passport): | Last (Family) | | | First (Giv | /en) | Middle (if any) |
| | ` ,, | DECLARATI | ON OF FI | • | icii, | middle (i. stry) |
| adequate funds for your proposed progra you intend to enroll at OSU and must acc | e to Oregon State University, C am of study. Acceptable finand company this form. Be sure to ficers at the Port of Entry. Plea benses. If you are interested in | OSU can provide you cial documents must keep copies of these ase note: U.S. visa r n a graduate assistar | u with an I-20 (F- t not have been is e documents as y regulations restric ntship, please co | I) or DS-2019 (J-7 ssued (by the fina rou will need to pr it student employi ntact your acaden | incial institution) n resent them to the ment, and therefo nic program direct | re, it is important not to rely on employment |
| financially, Master's degree programs are | idental expenses. Summer tuiti e 2-3 years in length, and Docto y for the first 12 months, but for | ion and fees are not oral programs are 4- r the duration of your | included in the est- 6 years in length. r studies at OSU. | stimates. Expens You and your sp Additional resour | es tend to increas consor must preparce fees, ranging f | se slightly from year to year. To help you prepare are to meet the ongoing expenses of your from \$105-\$1,290 per year, may be required of |
| | Graduate | Engineering | MPH | MBA | GRA/GTA | Applicants Awarded an Assistantship # |
| Tuition and Fees*^# | \$24,500 | \$26,000 | \$27,300 | \$35,400 | \$180 | 10% of Fees / Tuition Waived |
| Room and Board** | \$12,300 | \$12,300 | \$12,300 | \$12,300 | \$12,300 | Room and Board |
| Books, Supplies and Health Insurance TOTAL: | se*** \$6,000 \$42,800 | \$6,000 \$44,300 | \$6,000 \$45,600 | \$6,000 \$53,700 | \$4, 28 0 \$54 0 | Books and Supplies 15% of Health Insurance / Student Only |
| TUTAL: | ⊅4∠,0 ∪∪ | \$44,3UU | \$4 3 , 0 00 | \$33,100 | \$540 \$17, 300 | Total – See paragraph below # |
| estimated expenses for which the student | It is responsible. These expensive up the difference. These figure average totals for the program, and above. Estimated | ses must be covered ures are subject to ch , see total figures ab d Summer 2016 tu | by the monthly s hange when the Cove for examples ition and fees: \$ | tipend or other fur CGE collective bar 64,500-\$7,500 (| nds. If the stipend rgaining agreeme The Summer 20 | Iditional information.) The total figure listed is the does not cover the total amount, the student will not is updated. NOTE: The figures that appear on 117 figures are not yet determined). |
| 17. PLEASE DOCUMENT THE AMO | OUNT OF MONEY AND TH | HE SOURCES OF | YOUR FINANG | CIAL SUPPORT | T DURING YOU | IR PROGRAM OF STUDY AT OSU. |
| Personal Savings Original bank letter issued in English with date account opened and current balance. Letter may not be more than nine (9) months old before the term you intend to enroll at OSU. \$ | | | | | | |
| Parent or Sponsor | Same as above plus the | Affidavit of Suppo | rt section comp | leted below. | | \$ |
| Salary While on Leave | Original, validated letter f | from employer | | | | \$ |
| Government/Sponsoring Agency | Original or certified copy | | \$ | | | |
| Oregon State University | Copy of award letter or s | ource of anticipate | ed support | | | \$ |
| | | AFFIDAVI | T OF SUPF | PORT | | |
| T. | o be completed by a pare | ent, family guarar | ntor, or applica | | oort is persona | I funds. |
| | | | | nt even if supp | • | |
| I hereby certify that I am willing and a | | the amount of \$_ | | nt even if supp | • | U.S. dollars for educational expenses of |

18. CERTIFICATIONS AND SIGNATURES

Address of Sponsor

I certify that all statements on the Certification of Finances form are true and accurate information and that the stated funds are available for my education expenses at Oregon State University during the period specified. I will notify OSU of any changes in my financial circumstances. Furthermore, I understand that the information I have provided cannot be given to anyone except to me without my written permission.

| Student Signature (required) | Date |
|------------------------------|------|

Signature of Sponsor _____ Name of Sponsor (printed)