UNDERGRADUATE FINANCIAL GUARANTEE FORM



Please submit this form along with a valid bank statement to <u>FG@asu.edu</u>. Any item left blank or failure to sign this form may delay the processing of your SEVIS Form I-20. Please note that the Financial Guarantee and your bank statement are valid for only one calendar year.

Please complete the required fields for Country of Birth, City of Birth, Country of Legal Residence and Permanent Street Address in your country of citizenship at my.asu.edu. Monitor your I-20 status on your My ASU Priority Tasks.

The United States Department of Homeland Security requires that international students have adequate resources to cover expenses during their period of study. Consequently, Arizona State University requires a student to show at least \$45,533(USD). **Not acceptable financial resources:** proof of stock or securities (including bonds), holdings, insurance, property, available loans, retirement plans, U.S. Government forms I-134 or employment income.

Student Information (Enter your name as it appears on your passport)

Family name/Surname	First name/Given name(s)	First name/Given name(s)			
10 Digit ASU Student id	Date of birth Month Day Year	Birthplace (city and country)			
Citizenship	Country of legal residence				

Visa Information

What type of visa will you use while at ASU? _____ Are you currently in the U.S.? If you are currently in the U.S., with what visa type are you in the U.S.? _____. If F1 or J1, provide SEVIS number: ______

Tuition and Fees Health Insurance			Living Expenses (room & board, books, supplies)					Total		
\$27,258		\$2,308		\$15,967						\$45,533
Additiona	l cost for dep	endents (inclu	de a copy o	f each depend	lent's passport)				
	Surname	Given	Gender	Birthplace	Country of	Country of	Date of Birth		Support	
		Names	(M/F)	(City &	Citizenship	Permanent	(mon	th/day/y	/ear)	needed
				Country)		Residence				
Spouse										\$6,000
Child										\$4,000
Child										\$4,000
Child										\$4,000
Total cost	of dependen	ts								
	tal (add \$45,5 roof of fundir		t of depende	ents, if applica	ble). This is the	e amount for w	hich yo	u need t	0	

Applicant's Statement (check all that apply)

- □ Student Personal Funds. A current statement from a financial institution must accompany this form if personal funds are chosen.
- Family/Private Sponsor. I am willing and able to guarantee the financial support for the duration of study and I am NOT an F1 student

Name of Sponsor	Signature	_ Date			
Relationship to applicant	Address				
Scholarship. An official letter must be issued within six months of your application. It must specify the amount, terms, and duration of the award.					
Name of Scholarship Sponsor	U.S. Billing Address				

Applicant's Signature _____

Please submit this form with applicable supporting documentation to FG@asu.edu

Date