## THE UNIVERSITY OF SOUTH DAKOTA INTERNATIONAL STUDENT SERVICES OFFICE

## GRADUATE OFFICIAL FINANCIAL ABILITY FORM

PART I: STUDENT INFORMATION:

IMPORTANT: TO AVOID DELAYS, PLEASE SEND THIS FORM WITH YOUR ORIGINAL BANK STATEMENT AND YOUR APPLICATION.

The University of South Dakota will issue a Certificate of Eligibility Form I-20 or DS 2019 only after the <u>Statement of Finances and required authentic documentation</u> are completed and returned. You must provide <u>an original letter from your bank and/or sponsor</u> certifying that the required level of funds is available for your educational costs. The financial documentation must be equal or greater than the estimated yearly cost, and must be less than one year old upon intended date of enrollment or date of I-20 update.

NAME:			First/Given Name as on passport		Middle as shown on passport
USD STUDENT ID (id		-			1 1
What date do you expe	ct to enroll?				
What is your current m	arital status?	Single	Married		
			come with you to the U. S. must be included in you		ıt.
Name (as shown on passport)	Date of Birth	Country of Birth	Country of Citizenship	Gender	Relationship to Student (ie: Spouse, Child)
Listed bel	ow is an esti	mate of a gra	duate student's a	verage cos	et for the terms of:
					12 months
					\$10,000.00
			r food + medical insura		фа <b>2</b> 00 00
Other	(books, insuranc	e, etc.)		•••••	\$3,280.00
TOTAL:					\$23,212



Effective Fall 2012 through Spring 2013

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NAME:	RELATIONSHIP:
ADDRESS:	
PHONE:	EMAIL:
Does your government restrict the exchange and rele	ase of funds to the U.S. for study purposes?  Yes  No
If yes, please describe the restrictions:	
Are you an assistantship or government-sponsored st	rudent? Yes No
	loan from your home government for our educational costs? Yes No tach a letter from the sponsor or agency giving the details giving the scholarship or loan.
Part III: Certification:	
This affidavit is made by me for the purpose of	assuring the United States government that the person
	name) will not become a public charge while in the United States.
I am willing and able to maintain and support	the person named above.
I intend to make specific financial contribution	for the support of the person named above in the amount of
US\$ per year for a period of	year(s).
PART IV: OATH/AFFIRMATION:	
•	ilities as the sponsor of the person named above. I swear or affirm and by me and (2) the statements are true and correct.
Signature of Sponsor	
D.: 1 N f.C	D . C . 1
Printed Name of Sponsor	Date Signed

