

INTERNATIONAL FINANCIAL CERTIFICATION FORM

South Dakota State University

PLEASE READ CAREFULLY. Return completed form to International Student Affairs Office address at the bottom of page 2. Please circle surname/family name. It should be the same surname/family name as on your passport. Please type or print. Thank you.

1. Name _____
(Circle Surname/Family Name) (First/Given Name) (Middle) (Other names used)

2. Permanent Home Address _____
(Number and Street)

(Town or City) (Province or State) (Postal Code) (Country)

3. Mailing Address _____
(Number and Street)

(Town or City) (Province or State) (Postal Code) (Country)

Telephone Number _____ Fax Number _____

e-mail address: _____ Social Security Number _____ - ____ - ____
(if applicable) (if applicable)

4. Place of Birth _____ Date of Birth _____
(Town or City) (Province or State) (Country) (Month/day/year, i.e. January 1, 19--)

5. Country of Citizenship _____

6. Are currently studying in the U.S. on a student visa? ☐ Yes ☐ No If yes indicate current visa type and I-94 number:

Visa Type: _____

Please send a copy of your I-20(s)DS2019(s) (front and back) with this financial certification document.

7. Name of: ☐ Parent ☐ Legal Guardian ☐ Other Relative _____
(Surname) (First Name)

Person in the U.S. to whom confidential information and/or documents may be released:

Name _____ Telephone Number _____

Address _____

8. Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single Number of Dependents: _____

If you have any dependents who will come with you to the U.S. please list name, relationship, birth date and birth place for each dependent. (You must show sufficient funds to cover your dependents' living expenses while in the U.S. in addition to your own funds. Refer to the Cost Estimate sheet. **This is required for Visa application.**)

| | | | | |
|----------------------|------------|---------------|------------------------|------------------|
| Surname/ Family Name | First Name | Date of Birth | Country of Citizenship | Country of Birth |
| Surname/ Family Name | First Name | Date of Birth | Country of Citizenship | Country of Birth |
| Surname/ Family Name | First Name | Date of Birth | Country of Citizenship | Country of Birth |

9. **Refer to the Table of Cost Estimates and indicate in currency of country of deposit the amount of money that will be available to you for all years of attendance/degree.** A Certificate of Eligibility (Form I-20) may only be issued when the student has been admitted **and** shows satisfactory financial arrangements for meeting the expenses of his/her **entire** program of study at South Dakota State University. See the appropriate financial certification letter (graduate or undergraduate) for detailed instructions on how to certify your finances and receive your I-20. Funds for dependents accompanying you must also be included for the total years that you will be studying. (See the Table of Cost Estimates.) SDSU retains the right to require an advance deposit from students in countries that are experiencing difficulties in foreign exchange. **The I-134 will NOT be accepted by SDSU as financial certification.**

10. **Source and amount of funds in U.S. dollars for all years of attendance/degree:**

☐ Self-support \$ _____ ☐ Family \$ _____ ☐ Scholarship/ \$ _____
Fellowship/Assistantship
☐ Sponsor \$ _____ Describe relationship of sponsor _____
☐ Other \$ _____ Describe other source _____ **TOTAL AMOUNT CERTIFIED** _____

11. **Please note:** If your sponsor has sent a notarized signed letter you do not need to have this part completed.

Official Certification of Sponsor

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

Signature of Guarantor (Specify Relationship)

Address _____

Signature of official witness or notary (Place seal over signature)

Date _____

12. I certify that the information provided here is correct and complete. (If sponsoring self, sponsor's signature above not necessary.)

Signature of prospective student

Date

Please return this form and all undergraduate or graduate financial documents to:

International Student Affairs
SSU065, Box 2815
South Dakota State University
Brookings, SD 57007 USA

Telephone: (605)688-4122
FAX: (605)688-4355
E-MAIL: SDSU.intlstud@sdstate.edu