

## **Graduate Certificate of Finance**

# Valdosta State University

### **Center for International Programs**

ADDRESS 1500 N Patterson St. • Valdosta, GA 31698-0037• E-MAIL iss@valdosta.edu PHONE 229.333.7410 • FAX 229.245.3849 • WEB www.valdosta.edu/iss To be submitted by future international graduate students only

## Estimated Fees and Expenses at Valdosta State University for the AY 2019-2020

VSU is a member of the public University System of Georgia. The government of Georgia pays a portion of the tuition cost for students who are legal residents of Georgia. Non-residents of Georgia are defined as U.S. non-citizens, U.S. permanent residents, and U.S. citizens who live in other states in the U.S.

## **Academic Year Expenses**

(9 months - 2 semesters at 9 semester credits each Fall/Spring semester)

each Fall/Spring semester)
\$18,682.00
\$8,976.00
\$1,200.00
\$2,674.00
\$3,000.00
\$34,142.00

Please use these figures as you complete your certificate of finances. You must have access to at least \$34,142.00 total expenses for 2 semesters) annually. All supporting documents must be signed by a bank official and contain a bank seal or letter of support on bank stationery. Supporting documents without a signature or sufficient funds will delay the issuance of the form I-20.

<sup>\*</sup> Scholarships: Scholarships waiving the non-resident portion of the tuition are available for and graduate students. A student seeking an out of state tuition waiver should contact the program director. In addition to this scholarship, some graduate assistantships are available for accepted future graduate students. Off-campus employment is generally not available. No full scholarships are available. Tuition and Fee Schedules can be found on the VSU Bursary website (<a href="http://www.valdosta.edu/administration/finance-admin/financial-services/students/">http://www.valdosta.edu/administration/finance-admin/financial-services/students/</a>).

<sup>\*\*</sup>Health Insurance: All foreign students must purchase the VSU comprehensive medical insurance policy for the duration of their enrollment. Although the VSU Health Center provides free routine medical care for all university students, this insurance is necessary to cover the high cost of hospitalization and emergency medical treatment, including medical evacuation and repatriation. Amounts reflected on this form are (single) students for the 2019 - 2020 academic year. Students with dependents will be subject to different fees.

# VALDOSTA S T A T E

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U.S. Immigration Law requires you to certify that you have sufficient funds available for your academic and living expenses. **\$34,142** is the estimated minimum funds needed for a nine-month academic year (two semesters) based on **2019-2020** school-year expenses (see previous page):

<u>Dependent/Family Expenses</u>: If you are married and plan to bring your spouse and/or children, you must also certify at least \$5,000 for your spouse or first dependent and \$2,000 per year for each additional child/dependent. In addition, health insurance for international students is required and is strongly recommended for dependents.

**INSTRUCTIONS:** Fill out this page and submit it along with one of the documents listed on the page below.

STUDENT INFORMATION	I — PLEASE FILL OU	T ALL FIELDS			
Name					
FAMILY/SURNAME/LA	AST NAME	GIVEN/FIRST NAME	SECON	ID/MIDDLE NAME	
Date of Birth	Marital Status	Single Married	Number of Depend	lents	
MM/DD/YYYY					
Student's Personal E-mail					
Student's Acknowledgment of I realize that I am required by Uthat I will have sufficient funds to	J.S. immigration law t				
Student's Signature		Dat	te Signed		
			N	IM/DD/YYYY	
SPONSOR INFORMATION	I — PLEASE FILL OU	T ALL FIELDS*			
Sponsor's or Organization's I	Name				
Relationship to Applicant					
Sponsor's Address					
		STREET ADDRESS			
CITY/TOWN	STATE/P	ROVINCE	COUNTRY	ZIP/POSTAL CODE	
Sponsor's Telephone #		Sponsor's Fax #			
Sponsor's E-mail					
SPONSOR'S ACKNOWL	EDGEMENT OF	FINANCIAL RESPO	NSIBILITY		
I am willing and fully aware of the sponsored student's expense of the student is sponsoring their of the student is sponsoring the sponsoring th	enses for the course	of their studies at said ur	niversity.		
Sponsor's Signature			Date Signed		
				MM/DD/YYYY	

### **PROOF OF FINANCIAL SUPPORT**

Please provide one of the following documents that shows at least the minimum amount listed above for the estimated annual cost of your program:

- 1. Scholarship letter printed on the organization's letterhead (government, private, company) showing at least the minimum amount of funds needed to successfully complete your studies at Valdosta State University.
- 2. Personal or sponsor's bank statement showing at least the amount needed to successfully complete your studies at Valdosta State University.