



INTERNATIONAL STUDENT FINANCIAL STATEMENT FORM

This form is not an application for financial assistance. The Immigration and Naturalization Service requires an international student to show funds are available for the first year of study, and that adequate funding will also be available for subsequent years. **An official letter from a banking institution showing the amount of funds available must accompany this form. Your financial information will be used to ensure compliance with U.S. immigration policy and is necessary to create your immigration document.**

Annual Expenses for 2019/2020 Academic Year (9 months)/Source of Funding Available to Student

Note: These are approximate costs and are subject to change.

	IELP	City College	Undergraduate	Graduate	(Must be completed by the applicant)
Tuition & Fees	\$11,732.00	\$9,010.00	\$19,550.00	\$17,450.00	Organizational Support: MSU Billings: \$ Employer: \$ Government: \$ Other: \$ Personal Funds: Student: \$ Family: \$ Sponsor: \$ Total Funds:
Books & Supplies	\$350.00	\$1,000.00	\$1,000.00	\$1,000.00	
Health Insurance	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	
Room & Board	\$7,240.00	\$7,240.00	\$7,240.00	\$7,240.00	
Expenses for Each Dependent	\$5,000.00* (Add to total cost if applicable)	\$5,000.00* (Add to total cost if applicable)	\$5,000.00* (Add to total cost if applicable)	\$5,000.00* (Add to total cost if applicable)	
TOTAL ANNUAL COST	\$20,322.00	\$18,250.00	\$28,790.00	\$26,690.00	

Family/Sponsor Certification

This is to certify that I have agreed to provide the amount of funds stated above to the student for the purpose of full-time study at MSU Billings. This commitment will continue for the duration of the student's course of study. **The evidence of my resources in the form of an official bank letter accompanies this statement.** I also understand that it is not the responsibility of MSU Billings to provide financial assistance to the student.

Name of Sponsor _____ Relationship to Student _____

Address of Sponsor _____

Signature of Sponsor _____ Date _____

* Dependents Planning to Accompany Student (This information will be listed on the I-20 or DS-2019 form)

Complete Name (Family Name in Caps)	Date of Birth (MM/DD/YYYY)	Country of Birth	Relationship to Applicant

I certify that the above information provided is a correct statement of my arrangements for financing my studies and I understand that I am responsible for any debts incurred while attending Montana State University Billings.

Name of Student _____ Student's Signature _____ Date _____