



CERTIFICATION OF FINANCIAL RESPONSIBILITY

Please clearly **PRINT/TYPE** the following information
Questions about this form may be sent to faid@thsu.edu
Send this completed form back to THSU along with any supporting documents.
Please be prepared to show this documentation to the United States Consulate at your F-1 visa interview.

STUDENT INFORMATION

(As listed on student's passport): **First Name** **Middle Name** (if applicable) **Last (Family) Name**

Date of Birth (Month/Day/Year) **Country of Birth** **Country of Citizenship**

Mailing address where immigration documents should be sent

City **State/Province** **Zip/Postal Code** **Country**

Gender **Phone Number** **E-mail**

Program of study you are applying for **Term you are applying for (Ex: Fall 2014, Spring 2015, Summer 2015)**

Transfer Students ONLY

What is your current visa status? _____

Name of U.S. institution you are transferring from: _____

SOURCE OF FINANCIAL SUPPORT

(Please select any that apply to your situation)

Personal/family savings _____

3rd party Sponsor* / Other (Government, employer, etc.) _____

(*U.S. Sponsors must complete Form I-134 from USCIS)

PROOF OF FINANCIAL SUPPORT

1. Two original sets of supporting documents should be obtained. One set is for your application to THSU, and the other should be used when applying for a visa at the U.S. Embassy or Consulate.
2. The information on the bank statement should be dated within no more than 6 months of the student's intended start date. Bank statements must be official, and clearly indicate the account holder's name, type of account, bank name, branch, and balance. All documents must be original and not copied.

DECLARATION OF STUDENT: I have read the estimated budget for international students. I understand that U.S. Immigration requires that I show proof to THSU of my financial ability to meet these expenses. I also understand that I am required by law to show proof of financial support to cover at least my first year of study. In addition, I must provide proof that adequate funding will be available to cover subsequent years of study. I understand also that if I cannot meet my financial obligations to the university, or if it becomes evident that I have given false information in this affidavit, I may be withdrawn from school.

Student's Signature _____ **Date** _____



ESTIMATED EXPENSES FOR 12 MONTHS (3 TRIMESTERS)

(All amounts listed in U.S. Dollars and reflect averages for 3 trimesters)

(THSU reserves the right to make adjustments of 4-7% per year that reflects changes in the cost of living and education, subject to governing board approval)

PROGRAM	TUITION & FEES	BOOKS & SUPPLIES	LIVING EXPENSES	**DEPENDENTS (Add \$3000 for Spouse and/or \$1500 for each child)	TOTAL ESTIMATED EXPENSES FOR 12 MONTHS
BS in TCM	\$15,442	\$1,500	\$13,000		
MS in AOM	\$16,420	\$1,500	\$13,000		
MBA	\$19,400	\$1,200	\$13,000		
MBA in Healthcare Management	\$19,400	\$1,125	\$13,000		
DAOM	\$9,328	\$1,500	\$13,000		
ESL TOEFL Achieve (8 months)	\$11,020	\$300	\$10,000		
(ESL) Living the American Experience	\$16,530	\$450	\$13,000		

** If not applicable, leave blank

**DEPENDENT INFORMATION

<u>Full Name</u>	<u>Date of Birth (MM/DD/YYYY)</u>	<u>Relationship (Spouse, Child)</u>	<u>Country of Birth</u>	<u>Country of Citizenship</u>	<u>Gender</u>

** If not applicable, leave blank