



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 (I-20) should be sent)



Street Address			
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 2017, spring 2018, summer 2018)		

SOURCE OF FINANCIAL SUPPORT

(Please select any that apply to your situation)

	Name of the Sponsor	Relationship
<input type="checkbox"/> Personal Savings	N/A	N/A
<input type="checkbox"/> Family Savings	_____	_____
<input type="checkbox"/> 3 rd party Sponsor* / Other (Government, employer, etc.) (*U.S. Sponsors must complete Form I-134 from USCIS)	_____	_____

Transfer Students ONLY

What is your current visa status? _____ Name of U.S. institution you are transferring from: _____

PROOF OF FINANCIAL SUPPORT

- 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.
- 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obligations to the university, or if it becomes evident that I have given false information in this affidavit, I may be withdrawn from school.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 \$5,000 for Spouse and/or \$3,000 for each child)	TOTAL ESTIMATED EXPENSES FOR 12 MONTHS
BS in TCM	\$17,587	\$1,500	\$16,886		
MS in AOM	\$17,835	\$1,500	\$16,886		
BBA	\$16,080	\$1,500	\$16,886		
MBA	\$13,290	\$1,500	\$16,886		
MBA in Healthcare Management	\$13,290	\$1,500	\$16,886		
DAOM	\$11,996	\$1,500	\$16,886		

** 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