



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

(Personal information should be the same as listed on student's passport)

➔

First (Given) Name	Middle Name (if applicable)	Last (Family) Name
Date of Birth (Month/Day/Year)	Country of Birth	Country of Citizenship
Gender	Phone Number	Email
Program you are applying for	Term you are applying for (ex: spring 2020, summer 2020, fall 2020)	

(Mailing address where immigration documents (I-20) should be sent)

➔

Street Address			
City	State/Province	Zip/Postal Code	Country

SOURCE OF FINANCIAL SUPPORT

(Please select the one that applies to your situation)

	Name of Your Sponsor	Sponsor's Relationship to You
<input type="checkbox"/> Personal Savings	N/A	N/A
<input type="checkbox"/> Family Sponsor	_____	_____
<input type="checkbox"/> 3 rd Party Sponsor (Government, Employer, etc.)	_____	_____

* All sponsors must complete Financial Confirmation Letter

** 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. 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 at most 6 months** of the student's intended start date. Bank statements must be official, and clearly indicate the account holder's name, the type of account, the bank name and branch, and the total balance in the account. **All documents must be original.** Copies will not be accepted.

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 reflecting changes in the cost of living and education. Subject to governing board approval)

PROGRAM	TUITION & FEES	BOOKS & SUPPLIES	LIVING EXPENSES	TOTAL ESTIMATED EXPENSES FOR 12 MONTHS (student only)	**DEPENDENTS** (add \$5,000 for spouse and/or \$3,000 for each child)	TOTAL ESTIMATED EXPENSES FOR 12 MONTHS (family)
BSTCM (Bachelor in TCM)	\$26,137	\$1,500	\$16,886	\$44,523		
MSAOM (Master in Acupuncture & OM)	\$26,137	\$1,500	\$16,886	\$44,523		
BBA (Bachelor of Business Administration)	\$25,492	\$1,500	\$16,886	\$43,878		
MBA (Master of Business Administration)	\$20,580	\$1,500	\$16,886	\$38,966		
MBAH (MBA in Healthcare Management)	\$20,580	\$1,500	\$16,886	\$38,966		
ESL (English as a Second Language)	\$16,530	\$1,500	\$16,886	\$34,916		

** If not applicable, leave blank

** DEPENDENT INFORMATION **

Dependent's Full Name	Date of Birth (MM/DD/YYYY)	Relationship to Student (Spouse/Child)	Country of Birth	Country of Citizenship	Gender (M/F)

** If not applicable, leave blank