

In order to receive the Form I-20, which is necessary to apply for an F-1 Student Visa to attend our university, you must submit financial certification that you will have sufficient funds to support yourself during your studies at DSU. If you are currently in the United States please contact the International Programs Office, via email at international@dsu.edu or by phone 605.256.5267 for further processing details.

PLEASE READ AND FOLLOW DIRECTIONS COMPLETELY and MAKE COPIES of ALL documentation for your own records. An Incomplete or incorrect CFR will delay or prevent the issuance of a visa certificate. ANY MISSING INFORMATION WILL PREVENT THE ISSUANCE OF FORM I-20. Please TYPE your information as it appears on your passport.

PLEASE TYPE: (as shown on passport)

| | | | |
|------------------------|------------------|--------------------------------|----------------------------|
| Last/Family/Surname | First/Given Name | Middle | |
| Current Phone | | Email | |
| Male or Female | Country of Birth | City of Birth | Date of Birth (MM/DD/Year) |
| Country of Citizenship | | Country of Permanent Residence | |

| Permanent Residence (Home Country) | Current Residence (If different from Permanent) |
|------------------------------------|---|
| Street Address: _____ _____ | Street Address: _____ _____ |
| City: _____ | City: _____ |
| Province/Territory/State: _____ | Province/Territory/State: _____ |
| Country: _____ | Country: _____ |
| Postal or Country Code: _____ | Postal or Country Code: _____ |



CERTIFICATE OF FINANCIAL RESPONSIBILITY (CFR)

2024-2025

Anticipated length of study at DSU: _____ . What date do you expect to enroll: _____ .

What degree do you expect to earn: _____. What is your marital status? Single ____ Married ____ Divorced ____

Who will accompany you to the US? Spouse _____ Children _____ Number of Children _____

Please provide copies of passports for those accompanying you \$8000 additional for spouse, \$4000 additional for each child*

Listed below is an **estimate** of total student expenses effective May 2024. Dependent expenses will be an additional \$8000 for a spouse and \$4000 for each child.

| 9 Months | |
|---|-------------|
| Tuition and Fees | \$12,500.00 |
| Room and Board | \$ 8,000.00 |
| Other (Books, Personal, Health Insurance) | \$ 3,500.00 |
| Total: | \$24,000.00 |

Based on the costs listed above, who will guarantee this level of financial support? Circle all that apply:

Self-support

Family-support

Government Sponsor

Other (explain)

Financial Support's name

Relationship to you

Address

Email

How many years are you guaranteed this financial support?

SIGNATURE OF GUARANTOR _____ DATE _____

Please provide a statement or letter within the past 6 months showing a minimum balance of the level of funds required for your educational costs from your bank and/or sponsor. If you're a scholarship or loan recipient, your official award letter or notification may suffice. We reserve the right to request for additional detailed transaction reports to verify your bank statements. If you have any questions, please contact the International Programs Office.

This certifies I understand that total cost of attending Dakota State University and the information provided here is correct and complete.

Student Signature

Date