

## Required Documentation & Estimating your Annual Expenses

To receive a Form I-20 (F-1 visa) or DS-2019 (J-1 visa) from The Ohio State University, international applicants are required by U.S. law to show:

- ~ Proof that guaranteed funding for tuition, fees, living expenses, health insurance, books and supplies is immediately available for the student's first year of study;
- ~ Proof that guaranteed funding for living expenses and health insurance is immediately available for the first year for any accompanying dependents; and
- ~ Assurance that adequate funding will continue to be available for the entire length of study for the student and any accompanying dependents.
  - ≈ Completion of this Affidavit of Financial Support form, with signature, indicates your promise of funding for subsequent years of study.

A Form I-20 or DS-2019 will be issued only when the university is satisfied you will receive adequate financial support to cover all educational and living expenses for the duration of your studies for you and any dependents who accompany you to the U.S. These requirements are satisfied by submission of:

- ~ Certification as described below of funds sufficient to meet estimated **Calculated Expenses** (inclusive of expenses for accompanying dependents);
- ~ This **completed Affidavit of Financial Support Form**; and
- ~ The required documents from each sponsor if you have more than one sponsor.

### Individual Sponsors and/or Self-Support

In addition to this completed Affidavit of Financial Support Form, each individual sponsor and/or self-sponsoring student must submit bank statement(s) or personalized bank letter(s) verifying that funds to cover the estimated **Expenses** are immediately accessible for the first year of study.

#### Bank Statement Guidelines:

- Must be on bank stationery
- Must be dated within 12 months of the date of enrollment
- Must specify amount of money on deposit
- Must specify currency type
- Must be translated into English\*
- Must include the name of the account holder\*
- (\*Handwritten translations will not be accepted)

#### Personalized bank letter in lieu of bank statement:

Bank letters verifying amounts on deposit must be signed and dated by a bank official in addition to the Bank Statement Guidelines stated at left.

#### We cannot accept the following:

- Certified chartered accountant statements
- Real estate or jewelry holdings
- Charge accounts
- Pending or provisional educational loans
- Salary or payroll statements

1. **Parent or Other individual Sponsor:** Your parent or any other individual sponsoring all or part of your expenses must complete the **Personal Sponsor Certification** section of the affidavit and submit bank certification. The bank certification must indicate your sponsor is the account holder and must show funds at least equal to the amount promised by that person in Part 3.
2. **Self-Support:** If you intend to use personal savings for all or part of your financial support, complete the **Student Certification** section of the affidavit and submit your own bank certification. The bank certification must indicate that you are the account holder and show funds at least equal to the amount promised by you in Part 4.

### Government or Other Sponsoring Agency

If a government or an agency (i.e. organization, institution, or employer) will provide funding, indicate the name of the agency on the affidavit and submit a letter from the agency detailing the terms and amount of your award. The letter of award should indicate payment toward expenses associated with tuition, fees, living expenses, health insurance, books and supplies as well as any additional dependent living and health expenses.

#### Additional Government or Sponsoring Agency Letter Guidelines

- Must be on agency stationery
- Must specify the length of the agency support
- Must be dated within 12 months of your first day of enrollment
- Must include your name as the recipient
- Must be signed and dated by an authorized representative of the agency
- Should indicate The Ohio State University as the institution you will attend

## Part 1 - Calculated Expenses

Calculate the estimated amount needed for an academic year of study. An academic year is defined as August through May. If you will begin your studies during the summer term prior to your first academic year, you are required to include expenses for that additional term of study in your bank certification and on this affidavit. To calculate your estimated **Total First Year Expenses**, refer to the *International Graduate Student Budget* or the *International Professional Student Budget*. Find the student expenses for your intended program and add expenses for dependents for whom you are requesting a visa document.

	If First Year Term Start Is:		Autumn or Spring	or	Summer
Student Expenses =	\$		\$	+	
*Spouse and/or Children Expenses =	+		+	\$	
<i>*Must include living and health insurance expense for:</i>		<i>9 months</i>			<i>12 months</i>
<b>Total First Year Expense</b> =	\$		=	\$	

Note: When you enroll, plan to have approximately \$3,000 in addition to your program's estimated budget amount to cover one-time costs such as the \$50 OIA Orientation Fee, program fees for specific courses and yearly increases in expenses.

### Part 2 - Applicant's Personal Information

Name in full as it appears on passport:

Family Name (surname) \_\_\_\_\_ Given (first) \_\_\_\_\_ Middle \_\_\_\_\_

PRINT name EXACTLY as it appears on passport.

Date of Birth (month / day / year) \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Current Profession/Title: \_\_\_\_\_

Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ Country of Legal Permanent Residence \_\_\_\_\_

If different from your country of citizenship

Ohio State University ID Number \_\_\_\_\_

### Part 3 - Current Visa Status

Are you currently living in the U.S.?  yes  no If yes, what is your current visa status?  F-1  J-1  H-1  PR  Other \_\_\_\_\_

Do you plan to enroll in another program in the U.S. prior to your enrollment at Ohio State? If so where? \_\_\_\_\_

Are you requesting:  Form I-20 (for F-1 visa)  Form DS-2019 (for J-1 visa)  No - I plan to attend OSU using my current visa status.

If you are presently an F-1 or J-1 student, where are you enrolled? \_\_\_\_\_

What is the last day of your enrollment? \_\_\_\_\_

If you are presently on OPT, when will it expire? \_\_\_\_\_

If you are presently on a visa other than F-1, but requesting an F-1 do you plan to change your visa status within the US?  Yes  No

If you are presently a J-1 scholar, trainee or researcher, what institution issued your DS-2019? \_\_\_\_\_

For what category was the J1 visa issued? (scholar, trainee, researcher) \_\_\_\_\_

Are there dependents for which you are requesting a visa document?  Yes  No (If yes, complete the Dependent Information form and attach copies of passport ID pages for all dependents.)

### Part 4 - Identify your Sources of Support

You are required to indicate who will sponsor you and the amount you expect to receive from each sponsor. Refer to Part 1 of this Affidavit of Financial Support form to determine your expenses. The **Combined Total** below must equal the **Total First Year Expense** that is calculated within Part 1.

Self-supporting (LOANS are considered self-support) \_\_\_\_\_ Amount \$ \_\_\_\_\_ USD

Parent or Personal Individual Sponsors (name \_\_\_\_\_) Amount \$ \_\_\_\_\_ USD

(name \_\_\_\_\_) Amount \$ \_\_\_\_\_ USD

(name \_\_\_\_\_) Amount \$ \_\_\_\_\_ USD

Government or Sponsoring Agency (e.g. IIE, LAUSPAU, Ford Foundation \_\_\_\_\_) Amount \$ \_\_\_\_\_ USD

Ohio State Scholarship/Associateship/Award: (name of department/organization \_\_\_\_\_) Amount \$ \_\_\_\_\_ USD

University stipends are usually not sufficient to cover dependents' expenses.

**Combined Total** \$ \_\_\_\_\_ USD

Name \_\_\_\_\_ Ohio State University ID Number \_\_\_\_\_

**Part 5 - Certification of Support:**

If you have more than one personal sponsor you must include a separate page for each.

1. Contingency plans have been made such that any unexpected financial difficulties created by unfavorable exchange rates, increases in educational costs, or other business or economic conditions will not reduce or stop the flow of monies to the student.
2. The student must have adequate emergency support in the unlikely event of an accident or illness, excessive medical expenses, and/or repatriation expenses (return of student to home country) while at The Ohio State University.

**Personal Sponsor Certification**

I have read and understood items 1 and 2 (above) of this Certification of Support. I certify I will make available the amount specified in Part 4 of this Affidavit of Financial Support Form for the first year of study as well as each subsequent year the student remains in the program.

I have included bank certification of the financial support promised by me in Part 4.

Name of personal sponsor (Please print): \_\_\_\_\_ Today's Date: \_\_\_\_\_  
month / day / year

Signature of sponsor: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

*Please complete all fields. Incomplete forms will not be processed.*

**Student Certification**

I, \_\_\_\_\_ (applicant's printed name), have read and understand items 1 and 2 (above) of this Certification of Support. I certify the information provided on this Affidavit of Financial Support Form is complete, all supporting documentation is true and accurate, and I have available to me the amount specified as **Combined Total** in Part 4 of this Affidavit of Financial Support Form.

I also certify I am aware of the costs of attending The Ohio State University and agree I am ultimately responsible for the payment of all tuition, fees, living expenses, health insurance, books, supplies and additional expenses that may arise throughout my entire stay in the United States.

Applicant's signature \_\_\_\_\_ Today's Date: \_\_\_\_\_  
month / day / year

*Please complete all fields. Incomplete forms will not be processed.*

To expedite processing; please submit using the [document uploader](#).

If you must send your documents via postal mail, send to:      The Ohio State University  
Office of Graduate and Professional Admissions  
Attn: Financial Review  
281 W Lane Ave  
Columbus OH 43210

**Special Note:** Upon submission of your documents, we strongly suggest that you set up an [eShip](#) account if Ohio State will be mailing admission documentation to an address outside of the U.S. We cannot guarantee delivery of documents unless they are mailed through eShip. When accessing eShip you will be asked to set up an account and pay to have your materials sent. Please note that you must select **Graduate and Professional Admissions** when establishing your eShip account.

- **SEVIS Transfer:** If transferring your SEVIS record from another U.S. university to Ohio State, please DO NOT set up eShip until further instruction is received from the Office of International Affairs.

Name \_\_\_\_\_ Ohio State University ID Number \_\_\_\_\_

**Dependent Information – required for dependents accompanying student to the U.S.**

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Please complete all dependent information in this section. Students who request visas for their spouse or unmarried minor children must prove they have sufficient funds to meet all of their expenses while in the United States. Dependent expenses are calculated as part of student's *Calculated Expenses*. Please refer to page 1 of this document. *Attach a copy of Passport ID page for all dependents.*

If you are married, indicate date of marriage \_\_\_\_\_.

If your spouse is currently at Ohio State, what is his/her status?  not applicable  faculty member  visiting scholar  student

Family Name (surname) \_\_\_\_\_ Given (first) \_\_\_\_\_ Middle \_\_\_\_\_

PRINT name EXACTLY as it appears on passport.

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ Relationship  Child Gender  Male  Female  
 Spouse

Family Name (surname) \_\_\_\_\_ Given (first) \_\_\_\_\_ Middle \_\_\_\_\_

PRINT name EXACTLY as it appears on passport.

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ Relationship  Child Gender  Male  Female  
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 Spouse

Family Name (surname) \_\_\_\_\_ Given (first) \_\_\_\_\_ Middle \_\_\_\_\_

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