



# Financial Certification Statement- Graduate Student

## International Graduate Student Requesting F-1 Status

You are required to submit financial certification indicating you have documented support for the estimate of annual expenses. If you plan to bring dependents (spouse and children), you must submit additional certification (see Part D). Do not include any anticipated employment in the U.S. as part of your financial certification.

### A: Personal Information

Name (as appears on your passport):

\_\_\_\_\_  
*First* *Middle* *Last* *Date of Birth (mm/dd/yyyy)*

Country of Citizenship: \_\_\_\_\_ NUID: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Relationship to sponsor: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

Sponsor's Email: \_\_\_\_\_ Sponsor's Signature: \_\_\_\_\_

### B: Estimated Cost of Attendance

Included below is the estimated cost of attendance for a single undergraduate student living on campus for two semesters (fall and spring) and taking thirty credits per year. Cost increases should be expected for each subsequent academic year.

2024-2025 Estimated Annual Cost	Amount	Estimated Extra Costs (per year)	Amount
1. Tuition & Fees (30 credits)	\$9,263.00	5. Books and Learning Supplies	\$1,300.00
2. One-time International Student Fee	\$125.00	6. Health Insurance	\$936.00
3. Residence Hall Double Occupancy	\$4,710.00	7. Living/Personal Expenses	\$3,840.00
4. 280 Meal Block Plan+200 Eagle Bucks	\$4,560.00		
	<b>\$ 18,685.00</b>	<b>9. Total Extra Costs</b>	<b>\$6,076.00</b>
<b>Total Estimated Cost of Attendance: \$24,734.00</b>			

\*You may review different rates at <https://www.csc.edu/housing/housing-rates/>

### C: Affidavit of Support

You must demonstrate that you have enough funds to meet the annual cost identified above.

Source of Funds	Amount (US \$)
1. Sponsored	
2. Family/Personal	
Total Funds Available	

**D: Dependent Information** (Spouse or children that will live with you in the United States, if any). Estimate \$3,500 for spouse and \$2, 000.for each child.

Last Name	First Name	Date of Birth (mm/dd/yyyy)	Citizenship	Relationship to F-1

### E: Student Signature

I certify that the above information is complete, accurate, and true. I take full financial responsibility for all my educational and personal expenses while attending Chadron State College. I accept that Chadron State College is not responsible for my financial needs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (month, day, year)