The University of South Dakota International Office





Fetimate	ed Co	ost of Attendance:				
Littinati	cu cu	ost of fitteridance.		Checklist		
		ost ¹ for the term of 10 mont		☐ Bank doo	cuments	
		8 credit hours)		☐ Docume	ents proving scholarship or loar	n (if applicable)
		oom and board)		☐ Copy of	visa (if currently in USA)	
		rance, discipline fees, etc		, ,	of your current I-20 (if applicable	ے)
Total witho	out dep	endents	\$24,768.00	· ·	,	-,
If bringi	If bringing dependents, add \$4,500 each for food + medical insurance (4,500 x (number of dependents) + \$24,768.00) Cost of attendance increases approximately 3-5% each year. The most up-to-date cost of attendance is made available every April for the next academic year. Actual insurance costs vary based on the specific plan and the age of the student/enrollee.			Copy of passport ID pageCopies of dependent passport(s) (if applicable)		
attendance is m						
Student	Info	rmation				
Last/Family/Surna	ame		First/Given Name		Middle	
Birthdate			🗖 Female 🗖 Male	Email		
City of birth				Country of birth		
Citizenship country			Country of current residence			
If a spouse o	or depe				ncial documents(s) must show thate also attach copies of their passp	
Relation Ge	ender					
	IF I M	Family (Company)	F/6'		DI	
		Family/Surname	First/Given Name	2	Place of birth	Citizenship
□ Child □	IF 🗆 M					
		Family/Surname	First/Given Name		Place of birth	Citizenship
☐ Child ☐	□ F □ M Family/Surname First/Given		First/Given Name	9	Place of birth	Citizenship

International Office | 414 East Clark Street | Vermillion, SD 57069 | 1-877-COYOTES | isrt@usd.edu | www.usd.edu/international

The University of South Dakota International Office Financial Ability Form

Financial Support

In the section below, indicate the financial sources and amounts, in US dollars, that you will use to cover all educational and living expenses (and those of any dependents) for each year of attendance. At minimum, your financial sources must cover the estimated average graduate costs shown on page 1.

Sources of Support	Amount Provided Annually	Years Provided
Self	\$	
Individual Sponsor I	\$	1 1 2 3 4 1 5
Individual Sponsor II	\$	1 1 2 13 14 15
Scholarship (including Universiity of South Dakota awards)	\$	1 1 2 13 14 15
Other, including educational loans	\$	
Total Funds	\$	

You are advised to keep the original copies of the financial documents you have submitted because the same information will be required for your visa interview at the United States Consulate and at Immigration when you first enter the United States.

Sponsor Information

All sponsors should include a bank statement or certificate of balance showing readily available funds sufficient to cover the first year's contribution. Sponsors must also indicate the number of years they will provide support (a master's degree is typically earned in two years and a Ph.D. in five-seven years). If you have secured a scholarship, the award letter should be included and should indicate the amount and length of the award. If you have an educational loan from your home country, please include a detailed letter or document from the financial institution.

The most common examples of readily available funds (liquid assets) are bank statements, bank or investment letters, certificate of deposits, and investment portfolios. You must provide an official or certified copy of a bank statement for a checking or savings account (liquid assets), or an official, certified copy of a letter from the bank holding the checking, savings account, or other liquid asset. All documents should be in English or accompanied by an official translation and may be submitted via email to isrt@usd.edu.

Certification of Support If the student has more than one private sponsor, please submit a separate form for each individual sponsor. Sponsor: This affidavit is made by me for the purpose of assuring the United States government that the person named __ (student name) will not become a public charge while in the USA. I am willing and able to maintain and support the person named above by providing US\$ _ _____ per year for a period of _____ years. Last/Family/Surname First/Given Name Middle Email Sponsor's relationship to the student Sponsor's physical address Sponsor's signature Applicant (student): My signature certifies that all information provided on this form is complete and accurate, and that I accept responsibility for all expenses I and my dependents incur (including required family health insurance) during my attendance at USD. With the exception of any financial assistance already offered to me by the university, I do not expect USD to provide me with financial assistance or employment. Applicant's signature

Email this form and all documentation to: isrt@usd.edu