The University of South Dakota International Office

Undergraduate Financial Ability Form



Estimated Cost of Attendance:

Average undergraduate cost¹ for the term of 10 months:

Tuition and fees (30 credit hours)	\$12,942.00
Housing	\$4,658.00
Food Service	\$3,998.00
Other (books, insurance, discipline fees, etc.) ²	\$2,000.00
Total without dependents	\$23,598.00

If bringing dependents add \$4500 each for food + medical insurance (4,500 x (number of dependents) + \$23,598.00)

¹ 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.

² Actual insurance costs vary based on the specific plan and the age of the student/enrollee.

Student Information

Checklist

- Bank documents
- Documents proving scholarship or loan (if applicable)
- □ Copy of visa (if currently in USA)
- □ Copies of your current I-20 (if applicable)
- □ Copy of passport ID page
- □ Copies of dependent passport(s) (if applicable)

Last/Family/Surname		Middle
Birthdate	Enternale - Enternale - Male	Email
City of birth		Country of birth
Citizenship country		Country of current residence

Dependent Information

If a spouse or dependent child will accompany you to the USA on an F-2 or J-2 visa(s), your financial documents(s) must show that you have sufficient funds to cover their living expenses. The information below is necessary for the form I-20. Please also attach copies of their passports.

Relation	Gender				
Spouse	∎F ∎M		First/Given Name	Place of birth	Citizenship
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Child					
		Family/Surname	First/Given Name	Place of birth	Citizenship
🗅 Child	□F □ M	Family/Surname	First/Given Name	Place of birth	Citizenship

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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 undergraduate costs shown on page 1.

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

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 must 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 bachelor's degree is typically earned in four to five years). If you have secured a scholarship, attach the award letter, which 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 a	m 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	
Sponsor's relationship to the student	Email		
Sponsor's physical address			
Sponsor's signature		Date	

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

Date