



## Financial Statement of Support for Graduate International Students

All International applicants must submit a completed Financial Statement of Support prior to receiving an I-20. This statement provides evidence of the applicant's ability to pay all required educational and living expenses while attending Southeastern Louisiana University for 10 months. International students are required to submit specific documentation showing the proof of funds. This can be from multiple accounts (checking, savings, or other accounts) and multiple sponsors (each sponsor must complete a form). The estimated cost for 1 year (Spring and Fall) at Southeastern Louisiana University is approximately \$30,961 (\$15,480.50 per semester). Fees are subject to change.

Tuition & Fees	\$21,701
Living Expenses	\$ 8,180
Health Insurance	\$ 1,080
Total	\$30,961

### A: TO BE COMPLETED BY STUDENT

Student's Name: \_\_\_\_\_ / \_\_\_\_\_ W#: \_\_\_\_\_  
(Family/Last) (Given/First)

Address: \_\_\_\_\_

### B: FUNDING AMOUNTS BY TYPE

1. Funds provided by student.....\$ \_\_\_\_\_
2. Family funds.....\$ \_\_\_\_\_
3. Scholarships (from Southeastern Louisiana University).....\$ \_\_\_\_\_
4. International Organizations.....\$ \_\_\_\_\_  
Name of Organization: \_\_\_\_\_
5. Other Sources of funding.....\$ \_\_\_\_\_  
Name of Source(s): \_\_\_\_\_

TOTAL SUPPORT AVAILABLE.....\$ \_\_\_\_\_

\*\*This form must be accompanied by a signed letter and/or bank certification from the listed source(s) above\*\*

### C: TO BE COMPLETED BY SPONSOR(S)

I further understand this statement in no way involves Southeastern Louisiana University with financial responsibility for the applicant.

Signature of Family Member/Sponsor: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

### D: BANK CERTIFICATION

This is to certify that I have read the information given by the applicant on the Financial Statement, that it is true and accurate, and that his/her sponsor has sufficient funds to cover the student's expenses while in the United States.

Bank Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Bank Official's Name (Printed): \_\_\_\_\_  
Title: \_\_\_\_\_ Funds Available: \_\_\_\_\_  
Bank Name & Address: \_\_\_\_\_