



## Certificate of Finances, 2016-2017

MAIL or EMAIL to:

Office of International Programs | International Undergraduate Admissions and Recruitment

Kruegel Hall 13 | PO Box 643251 | Pullman, WA 99164-3251 USA

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### For Intensive American Language Center (ESL) and/or Washington State University (Academic) Study

Washington State University requires that all F-1 and J-1 visa applicants provide proof of finances (money) through any combination of personal or sponsored funding. **Note:** Proof of finances is not required for admission to the Global (Online) Campus. The amount of money to be shown is the estimated total of tuition and other expenses for your intended program:

- One (1) year for undergraduate academic study at Washington State University (WSU)
- Four (4) months for language study at the Intensive American Language Center (IALC).

If you are applying for language and academic study (Conditional Admission), you will need to show enough money for both estimates.

- If you will provide finances from personal or family funds, a bank letter with sufficient funding is required. The bank letter must be in English and clearly detail the account owner and available funds.
- If an employer, government, or organization will provide funding, a signed financial guarantee letter from the sponsor detailing amounts and length of sponsorship is required. This **Certificate of Finances** form can accompany the guarantee letter from the sponsor, but not replace it.

All personal bank and sponsor letters must be dated within six (6) months from the date of application.

You are responsible for all payments, even if you are sponsored by your family, government, or other agency. Please review the estimated expenses below:

| Language Study<br>IALC Financial Estimate<br>Sessions Beginning Fall 2016 – Summer 2017 |                 |
|---|-----------------|
| Tuition   | \$5,250         |
| Medical Insurance   | \$700           |
| Mandatory Fees  | \$460           |
| Books & Supplies  | \$400           |
| Housing & Meals   | \$5,000         |
| Other/Transportation Fees   | \$1,058         |
| <b>Total</b>  | <b>\$12,868</b> |

| Dependents   |         |
|--------------|---------|
| Spouse       | \$2,848 |
| Child (each) | \$1,424 |

| Conditional Admission (IALC and WSU) |           |
|--------------------------------------|-----------|
| Total                                | \$56,738* |
| (\$63,348 for summer start at WSU)*  |           |

\*Does not include expenses for spouse and dependents. Those expenses are as listed in the IALC and WSU financial estimates

| Undergraduate Academic Study<br>WSU Financial Estimate<br>Fall/Spring 2016-2017 |                 |
|---|-----------------|
| Tuition   | \$25,251        |
| Medical Insurance   | \$1,082         |
| Mandatory Fees  | \$1,205         |
| Books & Supplies  | \$989           |
| Housing ("room")  | \$7,064         |
| Meal Plan ("board")   | \$4,633         |
| Other/Transportation Fees   | \$3,646         |
| <b>Total</b>  | <b>\$43,870</b> |
| Additional Expenses   |                 |
| Summer 2016   | \$6,610         |
| <b>Total Calendar Year</b>  | <b>\$50,480</b> |
| Dependents  |                 |
| Spouse  | \$8,377         |
| One Child   | \$4,828         |
| Each Additional Child   | \$3,644/Child   |

Please PRINT, in black or blue ink, the name(s) who will be paying the above expenses. **Note:** The name or agency listed below must match the name on the certified bank or sponsor letter. Enter all amounts in U.S. dollars only. Use an additional sheet of paper for explanations if necessary.

#### Personal Finances:

U.S. \$ 14,687

#### Parent/Family Finances:

U.S. \$ 91,056

Name(s): Dr. Ravindra Babu Relationship: Father  
Address: 308, MM Apts, Banjara Hills, Hyderabad, Telangana, India-500 034  
Number and Street City State/Province Country Postal Code  
Telephone: \_\_\_\_\_

#### Government or Sponsoring Agency:

U.S. \$ \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Enclose with this form a signed, dated official letter of guarantee or award

#### Other:

U.S. \$ \_\_\_\_\_

Student Name: Dr. Lahari Student ID#: \_\_\_\_\_ Term/Session Applied for: Fall 2017

Student signature (required): Lahari Date: 20 Jan 2017