



INTERNATIONAL STUDENT FINANCIAL STATEMENT FORM

This form is not an application for financial assistance. The Immigration and Naturalization Service requires an international student to show funds are available for the first year of study, and that adequate funding will also be available for subsequent years. **An official letter from a banking institution showing the amount of funds available must accompany this form. Your financial information will be used to ensure compliance with U.S. immigration policy and is necessary to create your immigration document (I-20).**

Annual Expenses for 2022/2023 Academic Year (9 months)/Source of Funding Available to Student

Note: These are approximate costs and are subject to change.

	City College	Undergraduate	Graduate	(Must be completed by the applicant)
Tuition & Fees	\$9,711	\$20,396	\$17,460	Organizational Support: MSU Billings \$ Government \$ Other \$
Books & Supplies	\$1,000	\$1,000	\$1,000	
Health Insurance	\$1,000	\$1,000	\$1,000	
Room & Board	\$8,088	\$8,088	\$8,088	
Expenses for Each Dependent	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	Personal Funds: Student \$ Sponsor \$ <u>\$13064</u>
TOTAL ANNUAL COST	\$19,799	\$30,484	\$27,548	Total Funds: 0 \$13064

Family/Sponsor Certification

This is to certify that I have agreed to provide the amount of funds stated above to the student for the purpose of full-time study at MSU Billings. This commitment will continue for the duration of the student's course of study. **The evidence of my resources in the form of an official bank letter accompanies this statement.** I also understand that it is not the responsibility of MSU Billings to provide financial assistance to the student.

Name of Sponsor JAGIR SINGH Relationship to Student GRAND FATHER
 Address of Sponsor VPO MIANZ BHAGUPURIAN, BHOLOTH, NANGAL, LUBANA
 Signature of Sponsor Jagir Singh Date 17/11/2022

* Dependents Planning to Accompany Student (This information will be listed on the I-20 or DS-2019 form)

Complete Name (Family Name in Caps)	Date of Birth (MM/DD/YYYY)	Country of Birth	Relationship to Applicant

I certify that the above information provided is a correct statement of my arrangements for financing my studies and I understand that I am responsible for any debts incurred while attending Montana State University Billings.

Name of Student HARPREET KAUR Student's Signature Harpreet Kaur Date 17/11/2022



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Books & Supplies	\$1,000	\$1,000	\$1,000	Government \$
Health Insurance	\$1,000	\$1,000	\$1,000	Other \$
Room & Board	\$8,088	\$8,088	\$8,088	Personal Funds: Student \$
Expenses for Each Dependent	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	Sponsor \$ <u>\$5077.09</u>
TOTAL ANNUAL COST	\$19,799	\$30,484	\$27,548	Total Funds: <u>0 \$5077.09</u>

Family/Sponsor Certification

This is to certify that I have agreed to provide the amount of funds stated above to the student for the purpose of full-time study at MSU Billings. This commitment will continue for the duration of the student's course of study. **The evidence of my resources in the form of an official bank letter accompanies this statement.** I also understand that it is not the responsibility of MSU Billings to provide financial assistance to the student.

Name of Sponsor JASWINDER SINGH Relationship to Student FATHER
 Address of Sponsor VPO MIAMI BHAGPURJAN, TEH BHOLATA, KAURTHALA
 Signature of Sponsor Jaswinder Singh Date 17/11/2022

* Dependents Planning to Accompany Student (This information will be listed on the I-20 or DS-2019 form)

Complete Name (Family Name in Caps)	Date of Birth (MM/DD/YYYY)	Country of Birth	Relationship to Applicant

I certify that the above information provided is a correct statement of my arrangements for financing my studies and I understand that I am responsible for any debts incurred while attending Montana State University Billings.

Name of Student HARPREET KAUR Student's Signature Harpreet Kaur Date 11/17/2022



INTERNATIONAL STUDENT FINANCIAL STATEMENT FORM

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Books & Supplies	\$1,000	\$1,000	\$1,000	Government \$
Health Insurance	\$1,000	\$1,000	\$1,000	Other \$
Room & Board	\$8,088	\$8,088	\$8,088	Personal Funds: Student \$
Expenses for Each Dependent	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	Sponsor \$ <u>915674.4</u>
TOTAL ANNUAL COST	\$19,799	\$30,484	\$27,548	Total Funds: <u>0 915674.4</u>

Family/Sponsor Certification

This is to certify that I have agreed to provide the amount of funds stated above to the student for the purpose of full-time study at MSU Billings. This commitment will continue for the duration of the student's course of study. **The evidence of my resources in the form of an official bank letter accompanies this statement.** I also understand that it is not the responsibility of MSU Billings to provide financial assistance to the student.

Name of Sponsor PARAMJIT KAUR Relationship to Student MOTHER
 Address of Sponsor VPO MIAMI BHAGUPURIAN, TEH BHOLOTH, KAPURTHALA
 Signature of Sponsor Paramjit Kaur Date 17/11/2022

* Dependents Planning to Accompany Student (This information will be listed on the I-20 or DS-2019 form)

Complete Name (Family Name in Caps)	Date of Birth (MM/DD/YYYY)	Country of Birth	Relationship to Applicant

I certify that the above information provided is a correct statement of my arrangements for financing my studies and I understand that I am responsible for any debts incurred while attending Montana State University Billings.

Name of Student HARPREET KAUR Student's Signature Harpreet Kaur Date 11/17/2022

California State University, Sacramento

Affidavit of Financial Support for International Students (F-1)

The Immigration and Naturalization Service requires that all students provide evidence of adequate funds to meet the financial obligations of enrollment at a U.S. university. Thus, you must complete all areas of this affidavit that apply, including original signatures. The combined U.S. dollar amount from your sponsor(s) must equal or exceed the minimum listed on the instruction sheet. Bank verification of funds must not be older than six months. PLEASE NOTE YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM AND A BANK VERIFICATION FROM YOUR FUNDING SOURCE STATED IN U.S. DOLLARS.

PERSONAL INFORMATION

Family/Last Name (Name on passport) FNU		First Name (Name on passport) HARPREET KAUR	
Country of Birth INDIA	Country of Citizenship INDIA	Date of Birth (month/day/year) 05/02/2000	
Term applying for Fall	Spring <input checked="" type="checkbox"/>	Year 2023	Email Address harpreetkaur4503india@gmail.com

SELF, SPONSOR, OR GOVERNMENT FUNDING

Please check all appropriate boxes:

Self
 Sponsor (Parents, Relative, others)* **RELATIVE**

Assured amount in U.S. Dollars

In US Dollars
In USDollars \$13000

I, **JAGIR SINGH** certify that I will assume full financial responsibility, including educational and living expenses for

Sponsor's Name

while he/she is enrolled at California State University, Sacramento.

HARPREET KAUR
(Name of Student)

Signature of Sponsor

Relationship to applicant GRAND FATHER
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Address VPO MIAMI BHAGUPURIAN	City/Country NANGAL LUBANA	Zipcode	Telephone Number +918146934178
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* If a sponsor other than a parent is providing all or partial financial assistance, a letter signed by the sponsor must accompany this form that specifies the terms of the support, the U.S. dollar amount to be covered for tuition and/or living expenses, and the duration of the sponsorship.

Government or other Organization Scholarship*

Source of Scholarship	U.S. Dollars
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*This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship.

Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address.

Signature of Sponsor	Sponsor's Name
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Address	City/country	Zipcode	Telephone Number
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F-2 DEPENDENT INFORMATION

Applicants who plan to bring dependents please complete the following:

If you are married and plan to have your dependent(s) live in the U.S. while you are attending California State University, Sacramento, you will need to include in your calculation of academic years costs, the amounts of \$3,000.00 for your spouse and \$3,000.00 each child.

Family / Last Name	First Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citizenship
Spouse						
Child						
Child						
Child						

I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the denial of my application, or if admitted in my disenrollment for California State University and / or deportation from the United States.

Applicant's signature Harpreet Kaur	Date: 11/22/2022
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California State University, Sacramento

Affidavit of Financial Support for International Students (F-1)

The Immigration and Naturalization Service requires that all students provided evidence of adequate funds to meet the financial obligations of enrollment at a U.S. university. Thus, you must complete all areas of this affidavit that apply, including original signatures. The combined U.S. dollar amount from your sponsor(s) must equal or exceed the minimum listed on the instruction sheet. Bank verification of funds must not be older than six months. PLEASE NOTE YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM AND A BANK VERIFICATION FROM YOUR FUNDING SOURCE STATED IN U.S. DOLLARS.

PERSONAL INFORMATION

Family/Last Name (Name on passport) FNU		First Name (Name on passport) HARPREET KAUR	
Country of Birth INDIA	Country of Citizenship INDIA	Date of Birth (month/day/year) 05/02/2000	
Term applying for Fall <input type="checkbox"/> Spring <input checked="" type="checkbox"/>	Year 2023	Email Address harpreetkaur4503@india@gmail.com	

SELF, SPONSOR, OR GOVERNMENT FUNDING

Please check all appropriate boxes:

Self

Sponsor (Parents, Relative, others)* ... **PARENT**

Assured amount in U.S. Dollars

In US Dollars
In USDollars \$ 5052.31

I, **JASWINDER SINGH** certify that I will assume full financial responsibility, including educational and living expenses for

Sponsor's Name

HARPREET KAUR

(Name of Student)

while he/she is enrolled at California State University, Sacramento.

Signature of Sponsor

Jaswinder Singh

Relationship to applicant

FATHER

Address VPOMTAME BHAGUPURIAN	City/Country KARUKTHALA	Zipcode 144631	Telephone Number +918146934178
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* If a sponsor other than a parent is providing all or partial financial assistance, a letter signed by the sponsor must accompany this form that specifies the terms of the support, the U.S. dollar amount to be covered for tuition and/or living expenses, and the duration of the sponsorship.

Government or other Organization Scholarship*

Source of Scholarship	U.S. Dollars
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Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address.

Signature of Sponsor	Sponsor's Name		
Address	City/Country	Zipcode	Telephone Number

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Family / Last Name	First Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citizenship
Spouse						
Child						
Child						
Child						

I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the denial of my application, or if admitted in my disenrollment for California State University and / or deportation from the United States.

Applicant's signature: Harpreet Kaur	Date: 11/22/2022
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California State University, Sacramento

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PERSONAL INFORMATION

Family/Last Name (Name on passport) FNU		First Name (Name on passport) HARPREET KAUR	
Country of Birth INDIA	Country of Citizenship INDIA	Date of Birth (month/day/year) 05/02/2000	
Term applying for Fall <input type="checkbox"/> Spring <input checked="" type="checkbox"/>	Year 2023	Email Address harpreetkaur4503india@gmail.com	

SELF, SPONSOR, OR GOVERNMENT FUNDING

Please check all appropriate boxes:

- Self
 Sponsor (Parents, Relative, others)* **PARENT**

Assured amount in U.S. Dollars

In US Dollars
In USDollars \$ 15,597.9

I, **PARAMJIT KAUR** certify that I will assume full financial responsibility, including educational and living expenses for **HARPREET KAUR** while he/she is enrolled at California State University, Sacramento.

Signature of Sponsor Paramjit Kaur	Relationship to applicant MOTHER
Address VPO MIAMI BHAGUPURJAN	City/Country KAPURTHALA
Zipcode 144621	Telephone Number 7918146934178

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Signature of Sponsor	Sponsor's Name
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Spouse						
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I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the denial of my application, or if admitted in my disenrollment for California State University and / or deportation from the United States.

Applicant's signature Harpreet Kaur	Date: 11/22/2022
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Release of Information Declaration

Please print all items except signature

I, HARPREET KAUR (Student's Full Name)

born on 02/05/2000 (Date of Birth), herby declare that

_____ (Name of individual or agency)

_____ (Address)

_____ (E-mail)

is authorized to inquire about and have access to information about my application to Murray State University. I hereby authorize Murray State University to discuss my application and admission status with the above named individual until further written and signed authorization from me.

In addition, I request that you send all correspondence about my application to both the above named individual and me to further expedite my application process.

Harpreet Kaur

Signature of Student

10/27/2022

Date (mm/dd/yyyy)

STATEMENT OF EQUAL OPPORTUNITY

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information, contact the Director of Equal Opportunity, Murray State University, 103 Wells Hall, Murray, KY 42071-3318. 270.809.3155 (voice), 270.809.3361 (TDD).