

OFFICE OF INTERNATIONAL PROGRAMS

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GS3-F Graduate Student Certification for Issuance of Immigration Document

Name (Family Name, First Name): _____

Address in Home Country (Must be a non U.S. Address): _____

House or Street

City

State or Province

Postal Code

Country

Telephone Number in Home Country (required for express mailing): _____

Are you currently in the United States? **YES** **NO**

If yes, what is your current immigration status? _____

Estimated Expenses at Colorado State University for the 2009-10 Academic Year (12 months)

a. Tuition* and Fees* (based upon 9 credit hours per semester): \$ 19,493

b. Living Expenses: \$ 10738

c. Books, Supplies and Health Insurance: \$ 3,121

d. Total expenses for an academic year for one student with no dependents: \$ 33,352

e. Living expenses for spouse at \$ 7,161 for 12 months: \$ _____

f. Living expenses for _____ dependent child(ren) at \$ 4,898 /year for one child and \$ 2,400 for each additional child: \$ _____

Total expenses for you and your dependents (Add Items d through f): \$ _____

*The CSU Board of Governors reserves the right to change tuition and fees at any time. All amounts above are estimates and may vary according to your habits and resources. These estimates assume a modest standard of living.

Sources and Amounts of Financial Support (indicate amount in U.S. dollars)

a. FROM PERSONAL SAVINGS: \$ _____

Include a Bank Statement Dated within the Last 6 Months

b. FROM FAMILY: \$ _____

Family Member Must Complete the Affidavit of Support Form (p.2) and Submit it with a Current Bank Statement

c. OTHER SOURCE OF FUNDING: \$ _____

d. FINANCIAL SUPPORT FROM CSU: \$ _____

Include Award Letter

e. FINANCIAL AID FROM GOVERNMENT AGENCY, PRIVATE FOUNDATION, BANK OR OTHER AGENCY..... \$ _____

Enclose the Original Form or Official Copy of Your Award as Evidence of Financial Support.

TOTAL SUPPORT FOR FIRST YEAR AT CSU: \$ _____

By signing my name to this form, I certify that the information I have given is a correct statement of my arrangements for financing my studies at Colorado State University and that all information provided on this form is accurate.

Applicant's Signature

Date (Month/Day/Year)

