

## INTERNATIONAL UNDERGRADUATE STUDENT FINANCIAL CERTIFICATE

Montana State University (MSU) – Bozeman, MT 59717-2580

All undergraduate international applicants requesting admission to MSU must provide verification of financial support in the amount of \$36,150 (thirty-six thousand, one hundred and fifty U.S. dollars). This amount is estimated to cover tuition, fees, and living expenses for each academic year (9 months). In order to receive your Form I-20, you will need to complete this financial certificate. An estimated budget that includes additional expenses can be found on the second page.

### **STUDENT INFORMATION:**

*Please fill out this data completely and provide copies of passports.*

	Family (Last) Name	First (Given) Name	Middle Name
Student			
Spouse			
Child 1			
Child 2			
Child 3			

*A student accompanied by dependent(s) must be able to provide additional minimum funds of \$8,000/year to support a spouse and \$5,000/year per child*

### **Complete Legal Name**

\_\_\_\_\_  
FAMILY (LAST) NAME

\_\_\_\_\_  
GIVEN (FIRST) NAME

\_\_\_\_\_  
MIDDLE / MAIDEN NAME

### **Permanent Address**

\_\_\_\_\_  
STREET AND NUMBER

\_\_\_\_\_  
CITY OR TOWN / POSTAL CODE

\_\_\_\_\_  
COUNTRY

### **Term of Enrollment at MSU**

Fall Semester 20

Spring Semester 20

Summer Semester 20

### **ANNUAL SUPPORT**

*Please fill out the following and attach the necessary bank statements or sponsorship letters:*

My family and/or I am able to provide funds in the amount of \$36,150  
(bank statement attached)

My sponsor/Third Party is providing full support for me  
(sponsorship letter attached)

My sponsor/Third Party is providing partial support of \$ \_\_\_\_\_  
(sponsorship letter + bank statement attached)

### **Estimated Basic Undergraduate Budget: 9 months**

The expenses shown below reflect estimated costs for a student carrying a full-time course load (12 or more credits) for fall and spring semesters, 2019/2020. Actual fees may vary based on specific program fees or the number of credits carried each semester. These figures are subject to change upon approval by the Montana Board of Regents.

	<i>Per Semester</i>	<i>Per Year</i>
Tuition and Fees	\$12,925	\$25,850
Room/Board	\$5,150	\$10,300
Books/Supplies*	\$725	\$1,450
Health Insurance**	\$2,103	\$4,206
TOTAL:		\$41,806

*\*Costs for books and supplies vary depending on number of credits carried per semester and courses taken.*

*\*\*Medical care can be very expensive in the U.S.. Students are required to have health insurance for themselves and their family. MSU offers student health insurance at a rate of \$2,103 per semester, per student. You can opt out of MSU health insurance if you provide proof of another health insurance policy.*

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**Both statements below must be completed. In addition, a bank statement or other form of documentation of financial support must be provided to assure that funds are available for the first year of study. Fees are determined by the Montana Board of Regents annually and are subject to change. Keep a copy of these documents for your records. It may be necessary to show verification of financial status at the U.S. Port of Entry.**

### **SPONSOR'S STATEMENT**

*I do hereby guarantee that this person will have a minimum of \$36,150 (thirty-six thousand, one hundred and fifty U.S. dollars) for each academic year that this person is a student at Montana State University.*

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PRINTED NAME OF SPONSOR, THIRD PARTY, OR FAMILY MEMBER

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SIGNATURE OF SPONSOR, THIRD PARTY, OR FAMILY MEMBER

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

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RELATIONSHIP TO STUDENT APPLICANT

### **APPLICANT'S STATEMENT**

*I certify that all statements on this form are true and accurate, and that funds will be provided as specified above. I will notify Montana State University of any changes in my financial circumstances or that of my sponsor. I understand that, should I be admitted and register, failure on my part or that of my sponsor to provide the needed funds will result in cancellation of my registration and termination from the undergraduate program at Montana State University. I authorize MSU to send bills to and communicate with my sponsor as necessary to assure payment of outstanding charges to Montana State University.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

Applicant's signature

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SIGN COMPLETE LEGAL NAME