

SUPPLEMENTAL PACKET

for International Graduate Student Admission

The School of Graduate & Professional Studies
Chicago State University
9501 So. King Drive
NAL/234
Chicago, IL 60628-1598

Tel: 773. 995. 2404

Fax: 773. 995. 3671

Email: G-Studies1@csu.edu

URL: www.csu.edu/

IF YOU DID NOT RECEIVE AN ADMISSION APPLICATION, EMAIL THE GRADUATE SCHOOL AT G-STUDIES1@CSU.EDU OR CALL 773/995-2404 OR DOWNLOAD A COPY FROM OUR WEBSITE AT WWW.CSU.EDU/GRADUATESCHOOL/.

NOTE: Each international student must accept full responsibility for expenses incurred while studying in the United States. The University does not offer any loans, grants, fellowships or scholarships to international students. Immigration requirements prohibit international students from accepting off-campus employment until they have been students for at least one academic year. In subsequent years, part-time employment may be granted in cases of financial need. Part-time work cannot provide enough funds to meet expenses.

The School of Graduate & Professional Studies

FINANCIAL STATEMENT FORM

Each student must be prepared to accept full responsibility for the expenses incurred while studying in the United States. The following figures indicate the minimum amount for 1 academic year of study and twelve months of living expenses. (YEARLY COSTS ARE SUBJECT TO CHANGE)

ESTIMATE OF YEARLY COSTS

Tuition & Fees	\$9950.00	Health Insurance	\$700.00	Transportation	\$1700.00
Housing & Food	\$8600.00	Books & Supplies	\$1800.00	Miscellaneous	\$4300.00
				TOTAL	\$27,050.00

INDICATE SOURCE OF FUNDS ASSURED AMOUNTS IN U.S. \$

STUDENT NAME _____
Family Name _____ Given Name _____ Middle Name _____

PERSONAL SAVINGS: _____ \$ _____
Name of Bank _____

Address of Bank _____

• Enclose with this form a statement from an officer of the bank certifying that the funds indicated are available.

EMPLOYMENT, if applicable: _____ \$ _____
Name of Employer _____

Address of Employer _____

• Enclose with this form a statement from your employer indicating the nature and duration of employment and salary paid.

PERSONAL SPONSOR: _____ \$ _____
Name of Sponsor _____

Address of Employer _____

Relationship _____

• Enclose with this form a notarized statement from sponsor indicating the accuracy of this entry and documented evidence that funds are available.

GOVERNMENT SPONSOR: _____ \$ _____
Agency Name _____

• Enclose with this form a signed copy of your award letter.

CERTIFICATION

I certify that the financial information furnished on this form is a true and accurate statement of resources available to me. For my first academic term at Chicago State University, I have a total amount of \$ _____ available to me and a total of \$ _____ available for each subsequent year. EVIDENCE OF THESE RESOURCES IS ATTACHED IN THE FORM OF AN AFFIDAVIT OF SPONSOR SUPPORT, BANK, EMPLOYER AND/OR AWARD LETTER.

Signature of Student

Date

Signature of Notary

SEAL

The School of Graduate & Professional Studies
Chicago State University

CERTIFICATE OF SPONSORSHIP

Name of Student _____
Family Name Given Name Middle

DO NOT SIGN THIS CERTIFICATE UNTIL YOU HAVE AN AUTHORIZED NOTARY PUBLIC
READY TO WITNESS YOUR SIGNATURE.

I, _____ of

Street Address City/Town Province Country

, hereby declare my intentions to undertake full financial responsibility and all other liabilities for
_____ during his/her education and stay in the United States.

Print Name (Sponsor) Date

Signature (Sponsor) Date

TO BE COMPLETED BY NOTARY PUBLIC

I, _____, Notary Public appointed in

_____, do hereby certify

that _____, is the same person

whose name is subscribed to the foregoing instrument, appeared before me this day in person, and
acknowledge that he/she signed and delivered the said instrument as his/her free and voluntary
act for the uses and purposes therein set forth.

Given under my hand and official seal, this _____ day of _____
Month Year

Signature of Notary Public SEAL

The School of Graduate & Professional Studies
Chicago State University

PERSONAL INFORMATION OF INTERNATIONAL STUDENTS

PLEASE TYPE OR PRINT YOUR RESPONSES. YOUR QUALIFICATION WILL BE REVIEWED TO DETERMINE IF IT IS FEASIBLE FOR YOU TO APPLY FOR ADMISSION.

Name _____
Family Name Given Name Middle Name

Spouse's Name _____ Spouse's Family Name _____

_____ Date of Marriage (if applicable)

Names of Dependent Children Age Names of Dependent Children Age

Permanent Address _____
Town or City Province Country

Mailing Address _____
Town or City Province Country

Gender: Male Female _____
Date of Birth Country of Birth Country of Citizenship

Intended Major _____ TOEFL Score (if taken) _____ Date taken _____

If you are already in the United States, please answer the following questions:

- A. When did you enter the United States? _____
B. If you currently have a "F" visa, what school issued it to you? _____
C. If you do not have a "F" visa, indicate what type of visa you do have? _____

List in chronological order all secondary schools and colleges/universities attended.

<u>Name</u>	<u>Location</u>	<u>Attended</u>	<u>Certificate or Degree</u>	<u>Date Awarded</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What amount of money (in U.S. dollars) is available to you for your tuition and other expenses each year? \$ _____
Name of Source _____ Mailing Address _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____