

## **INTERNATIONAL STUDENT** SOUTHEAST MISSOURI AFFIDAVIT OF FINANCIAL SUPPORT

Student Full Name:							
Student's E-mail ad	Student's Date of Birth:						
Source of Support: Self		Family	Govern	ment/ Sponsoring Agency		r	Other
SPONSOR INFOR Sponsor Name:	MATION	(if self-sponsorea	l, leave this s	section blank)			
Sponsor's E-mail a	ddress:						
Relationship to stu	dent:						
Do you need an acc	eptance let	ter to secure fur	nding from	your governm	ent or spo	nsoring agen	cy?
Yes			No Not Applicable		ble		
Please refer to the estimated cost sheet (https://semo.edu/sfs/international.html) for estimated minimum yearly expenses. All fees are subject to change by the Board of Regents without prior written notice. Please ensure you attached your proof of finances to this form: *All financial documentation must be dated within 12 months of applicant's intended program start date. *Financial documentation provided must be equal to or greater than the estimated minimum yearly cost. *Financial documentation not in English must be accompanied by a Certified English translation. This must be provided by a translation agency and stamped by a qualified translator. *Proof of funds must clearly include account holder's name, document issue date, available balance and currency. *Account holder's name must match sponsor name on Affidavit of Financial Support. *You will be denied admission or expelled if you send falsified bank statements or any other documents Please visit https://semo.edu/international/future/policy.html for detailed guidance on our financial proof standards.							
This affidavit is to public charge while	assure the	United States go	vernment the	at the student r	named abov	e will not bec	come a
available:							
I have attached a b	ank statem	ent to verify my	capability to	provide this a	mount.	YES	NO
Sponsor's Signature:						Date:	:
		Office of Intern	ational Edu	ication and S	ervices		

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