



Confidential Financial Statement for International Students

TO BE COMPLETED BY INTERNATIONAL APPLICANTS

International applicants must have adequate financial resources for educational expenses without having to resort to unauthorized employment. It is the responsibility of the University of Oklahoma to secure verification of these financial resources. The *Expense Chart for International Students* estimates annual expenses for completing an academic program, including living expenses (www.admissions.ouhsc.edu/application/intexp.htm). Figures are adjusted annually. These expenses, including fees/tuition, are subject to revision, so applicants must be prepared by arriving with minimum funds of 20% over estimated charges. An I-20 cannot be issued until a \$500 non-refundable deposit is received which will apply toward tuition upon enrollment. (International Orthodontic applicants are not required to submit a \$500 deposit)

Last or Family Name	First	Middle
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Foreign Country Permanent Address (required)	U.S. Mailing Address
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Address Line 1	
Address Line 2	
City	
Province/Territory	
Postal Code	
Country	E-Mail Address

U.S. Drivers License Number & Issuing State	Social Security Number	Gender
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Number	State		<input type="checkbox"/> Male
			<input type="checkbox"/> Female

Date of Birth	Country of Birth	Country of Citizenship
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MM/DD/YY		
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VISA Status	Educational Funding Source
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<input type="checkbox"/> F-1 <input type="checkbox"/> J-1 position last held in home country: _____ <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Self-supported while attending OU <input type="checkbox"/> Sponsored by individual or organization: Identify sponsor: _____ Indicate relationship: _____
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Adding Dependents to your I-20

If you wish to add a dependent spouse or child to your I-20, the following information is required:

Name (Family name) _____ (First name): _____

Date of Birth (MM/DD/YY) _____ **Country of Citizenship:** _____

Relationship to the F-1 student: _____

Additional documentation of support of dependents is required. The minimum annual living expenses are: Spouse - \$3,100; Child - \$1,500.

Applicant Statement

I certify that I understand the following: **The cost of attending the University of Oklahoma Health Sciences Center and am prepared to provide all the anticipated expenses for the entire length of my stay. I am required to submit a non-refundable \$500 deposit to be applied to my tuition and fees before an I-20A-B can be issued to me (excluding Orthodontic applicants). I am required to attend the University of Oklahoma Health Sciences Center as a full-time student with the I-20A-B provided.**

Signature: _____ Date: _____

Return signed & completed form to:	OUHSC Admissions & Records P. O. Box 26901, BSEB 200 Oklahoma City, OK 73190-3040	11/25/02
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