



# 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 Health Sciences Center to secure verification of these financial resources. The *Expense Chart for International Students* estimates annual expenses for completing an academic program, including living expenses (<http://www.ouhsc.edu/financialservices/SFA/CostList.asp>). 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% overestimated charges.

Last or Family Name	First	Middle

Foreign Country Permanent Address (required)	U.S. Mailing Address
Address Line 1	
Address Line 2	
City	
Province/Territory	
E-Mail Address	
Postal Code	
Country	

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

Date of Birth	Country of Birth	Country of Citizenship
MM/DD/YY		

VISA Status	Educational Funding Source
<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: _____

**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 - \$4,000; Child - \$3,060.*

**Applicant Statement**

I certify that I understand 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return signed & completed form to: OUHSC Admissions & Records  
 P. O. Box 26901, LIB 121  
 Oklahoma City, OK 73126-0901

6/30/2016

\*Disclosure of your Social Security Number is voluntary. If you consent to disclose your Social Security Number by including it on this form, it will be used for tracking purposes and to match your request with your educational records.