



# F-1 International Graduate Student Certification Of Finances

STUDENT NAME

This original confidential financial certification form must be completed and submitted along with supporting financial documents before a Form I-20 will be issued. Please review page 2 of this form prior to completion.

### 2026-2027 ESTIMATED EXPENSES AND MINIMUM NEEDED FOR FINANCIAL CERTIFICATION BY START TERM

Below are the 2026-2027 estimated annual expenses for international students. Your supporting financial documents must total the cost of tuition, living expenses, health insurance, and incidentals for the undergraduate route you choose. If your spouse and/or children are accompanying you to the United States, you must show an additional \$3,000 for your spouse and \$4,000 for each dependent. \*Fees are subject to changes without notice.

2026 - 2027	International Direct (2 Semesters)
Tuition and Fees	\$32,000
Living Expenses (Housing and Dining)	\$10,000
Mandatory Health Insurance	\$3,750 (per year)
Incidentals (Personal and Books)	\$3,200
Scholarship	
<b>Minimum Needed for Financial Certification</b>	\$48,000

### STUDENT INFORMATION

Student First Name(given name) \_\_\_\_\_

Student Last Name(surname(s) (as indicated on passport) \_\_\_\_\_

Middle Name(s) \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ E-Mail \_\_\_\_\_

TYPE OF VISA REQUESTING
<input type="checkbox"/> F-1 <input type="checkbox"/> Other: _____
IF IN THE U.S., CURRENT STATUS:
<input type="checkbox"/> F-1 <input type="checkbox"/> Other: _____

Dependant Full Name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

### STUDENT ANNUAL FINANCIAL SUPPORT IN U.S. DOLLARS (USD)

A. Personal Savings(student must show a minimum \$500USD) Amount \$ \_\_\_\_\_

B. 1. Family/Sponsor Funds (If full or partial financial support is from family/sponsor) Print Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

C. Government/OtherOrganizational Sponsorship Funds

Print Name of Agency \_\_\_\_\_ Amount \$ \_\_\_\_\_

D. Scholarship Funds

Academic Scholarship  Athletic Scholarship Approved by: \_\_\_\_\_

UNIVERSITY OF SOUTH CAROLINA UPSTATE

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SUPPORTING FINANCIAL DOCUMENTS

Enclosed with this form, you are required to submit valid supporting financial documents certifying that you have sufficient funds available to cover expenses for your first year at University of South Carolina Upstate. Documents must be original, dated less than 6 months from the time of application, officially translated into English, and issued by a financial institution or agency verifying access to the funds. Expiration date must be within 6 months of the start of classes, but no later than class start date. Please carefully review the following acceptable examples of financial documents:

- Personal funds – A recent bank letter or bank statement.
- Funds from family or sponsor – Bank statement along with an affidavit of support containing both the student’s and sponsor’s name, relationship, and amount of funds available for the purpose of the applicant’s studies. You may use the bottom of this form for your affidavit of support. Funds must be shown at the current USD conversion rate.
- As an option, you may instead submit a bank letter on official letterhead containing the name of the sponsor, relationship to the applicant, name of the applicant, and the USD amount available for the purpose of the applicant’s studies.
- Government or other
- Examples of financial documents that will not be accepted include:
  - Annual salary statement
  - Real estate
  - Investments, stocks, or other accounts from which money cannot be withdrawn
  - Family Business account

AFFIDAVIT OF SUPPORT

Please complete this document if you will be receiving funds from a family member or sponsor. Submit with appropriate bank statement. I,

\_\_\_\_\_ hereby certify that I am willing and able to provide U.S. \$ \_\_\_\_\_

*(Print Name of Family Member/Sponsor)*

to meet the expenses incurred by \_\_\_\_\_ during the length of the student’s academic study

*(Print Student’s Full Name)*

to which this application pertains. My relationship to the student is that of \_\_\_\_\_. I have

authorized the release of my supporting financial documents to verify the promised financial resources are available to me.

I swear (affirm) that I know and understand the contents of this affidavit signed by me and the statements are true and correct.

Signature of Sponsor/Family Member

Date

RETURN THIS FORM TO: tbradley@uscupstate.edu

Please attach valid supporting financial documents along with this form.

Please make a copy of all paperwork for your records.