

# FORT HAYS STATE UNIVERSITY

## International Graduate Student Financial Data

Return to: Fort Hays State University  
 Dean of Graduate Studies and Research  
 600 Park Street  
 Hays, KS 67601-4099

TEL: (785) 628-4236  
 FAX: (785) 628-4479  
 E-MAIL: gradschool@fhsu.edu

The aggregate cost for a single graduate international student, exclusive of transportation to and from Hays, is estimated to be \$19,186 per calendar year. **PLEASE NOTE: The time required for graduate study is APPROXIMATELY two years. This statement must evidence the availability of funds for at least one full academic year.** A married student who is accompanied by a spouse and children will have considerably greater expenses.

**Please specify the source of funding available:**

<u>Source of Funds</u>	<u>First Year</u>
<b>Personal Savings</b> Please print name of bank.	\$
<hr/>	
<b>Family and/or Friends</b> Please print name and relationship to you.	\$
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<b>Your Government</b> Enclose a copy of your award.	\$
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<b>Other</b> Please specify. Provide signed affidavits from authorized persons/organizations contributing to your support.	\$
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<b>TOTALS</b>	\$

Does your government impose restrictions or limitations on the exchange and release of funds for study in the U.S.?  
 Yes \_\_\_ No \_\_\_ If so, describe these restrictions: \_\_\_\_\_

How will you pay for your transportation to and from the U.S.? \_\_\_\_\_  
 Will funds be available immediately upon your arrival in the U.S.? Yes \_\_\_ No \_\_\_

**Student and Sponsor Certification:**

I, \_\_\_\_\_, certify that \$ \_\_\_\_\_ U.S. (total amount of money, exclusive of travel) is available to me for my first academic year in the United States. The total amount available for each subsequent year will be \$ \_\_\_\_\_ U.S.

(Signature of Student)	(Date)	(Signature of Sponsor)	(Date)
		(Printed Name of Sponsor)	

**Bank Certification:**

I have read the information furnished by the applicant or sponsor on this form. I certify that it is a true and accurate statement of funding sources, and that the said funds are available.

(Bank Official's Signature)	(Title or Position)
(Address)	(Date)

**Seal or Stamp of Bank Required.**  
**Please submit a bank statement with this completed form.**