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 $18,595 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:

Source of Funds	First Year
Personal Savings Please print name of bank.	$
Family and/or Friends Please print name and relationship to you.	$
Your Government Enclose a copy of your award.	$
Other (e.g. Assistantship, Scholarship, etc.) Please specify. Provide signed affidavits from authorized persons/organizations contributing to your support.	$
TOTALS	$

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.