



OFFICE OF IMMIGRATION SERVICES
The UNIVERSITY of OKLAHOMA

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							
Postal Code							
Country				E-Mail Address			
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"/> Self-supported while attending OU			
<input type="checkbox"/> J-1 Position last held in home country: _____				<input type="checkbox"/> Sponsored by individual or organization			
<input type="checkbox"/> Other, specify: _____				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 Office of Immigration Services O'Donoghue Research Building 1122 NE 13th St, Suite TB038 Oklahoma City, OK 73117			

*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.