SUPPLEMENTAL PACKET
for International Graduate Student Admission

The School of Graduate & Professional Studies
Chicago State University
9501 So. King Drive
NAL/234
Chicago, IL  60628-1598

Tel: 773. 995. 2404
Fax: 773. 995. 3671
Email: G-Studies1@csu.edu
URL: www.csu.edu/

IF YOU DID NOT RECEIVE AN ADMISSION APPLICATION, EMAIL THE GRADUATE SCHOOL AT G-STUDIES1@CSU.EDU OR CALL 773/995-2404 OR DOWNLOAD A COPY FROM OUR WEBSITE AT WWW.CSU.EDU/GRADUATESCHOOL/.

NOTE: Each international student must accept full responsibility for expenses incurred while studying in the United States. The University does not offer any loans, grants, fellowships or scholarships to international students. Immigration requirements prohibit international students from accepting off-campus employment until they have been students for at least one academic year. In subsequent years, part-time employment may be granted in cases of financial need. Part-time work cannot provide enough funds to meet expenses.
The School of Graduate & Professional Studies

**FINANCIAL STATEMENT FORM**

Each student must be prepared to accept full responsibility for the expenses incurred while studying in the United States. The following figures indicate the minimum amount for 1 academic year of study and twelve months of living expenses. (YEARLY COSTS ARE SUBJECT TO CHANGE)

**ESTIMATE OF YEARLY COSTS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$9950.00</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$700.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$1700.00</td>
</tr>
<tr>
<td>Housing &amp; Food</td>
<td>$8600.00</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>$1800.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$4300.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$27,050.00</strong></td>
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</tbody>
</table>

**INDICATE SOURCE OF FUNDS ASSURED AMOUNTS IN U.S. $**

STUDENT NAME__________________________________________

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Name</th>
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**PERSONAL SAVINGS:** ________________________________ $_________

Name of Bank

Address of Bank

• Enclose with this form a statement from an officer of the bank certifying that the funds indicated are available.

**EMPLOYMENT**, if applicable: ______________________________ $_________

Name of Employer

Address of Employer

• Enclose with this form a statement from your employer indicating the nature and duration of employment and salary paid.

**PERSONAL SPONSOR:** ________________________________ $_________

Name of Sponsor

Address of Sponsor

• Enclose with this form a notarized statement from sponsor indicating the accuracy of this entry and documented evidence that funds are available.

**GOVERNMENT SPONSOR:** ____________ $_________

Agency Name

• Enclose with this form a signed copy of your award letter.

**CERTIFICATION**

I certify that the financial information furnished on this form is a true and accurate statement of resources available to me. For my first academic term at Chicago State University, I have a total amount of $____________ available to me and a total of $____________ available for each subsequent year. EVIDENCE OF THESE RESOURCES IS ATTACHED IN THE FORM OF AN AFFIDAVIT OF SPONSOR SUPPORT, BANK, EMPLOYER AND/OR AWARD LETTER.

________________________________________________________ __________
Signature of Student Date

________________________________________________________
Signature of Notary SEAL
CERTIFICATE OF SPONSORSHIP

Name of Student__________________________________________________________

Family Name                  Given Name                Middle

DO NOT SIGN THIS CERTIFICATE UNTIL YOU HAVE AN AUTHORIZED NOTARY PUBLIC READY TO WITNESS YOUR SIGNATURE.

I, ________________________________________________ of

________________________________________________________
Street Address    City/Town    Province    Country

, hereby declare my intentions to undertake full financial responsibility and all other liabilities for ________________________________ during his/her education and stay in the United States.

________________________________________________________
Print Name (Sponsor)       Date

________________________________________________________
Signature (Sponsor)        Date

TO BE COMPLETED BY NOTARY PUBLIC

I,__________________________________________________________, Notary Public appointed in

__________________________________________________________, do hereby certify

that__________________________________________________________, is the same person

whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that he/she signed and delivered the said instrument as his/her free and voluntary act for the uses and purposes therein set forth.

Given under my hand and official seal, this____________________day of____________________

Month       Year

________________________________________________________
Signature of Notary Public                                  SEAL
The School of Graduate & Professional Studies
Chicago State University

PERSONAL INFORMATION OF INTERNATIONAL STUDENTS

PLEASE TYPE OR PRINT YOUR RESPONSES. YOUR QUALIFICATIONS WILL BE REVIEWED TO DETERMINE IF IT IS FEASIBLE FOR YOU TO APPLY FOR ADMISSION.

Name ____________________________
Family Name  Given Name   Middle Name
_______________________________________________________________________________________
Spouse’s Name                  Spouse’s Family Name
________________
Date of Marriage (if applicable)

Names of Dependent Children    Age    Names of Dependent Children    Age
_____________________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Permanent Address           _________
Town or City   Province                                      Country

Mailing Address          _________
Town or City   Province         Country

Gender:    ☐   Male    ☐   Female    __________
Date of Birth Country of Birth        Country of Citizenship

Intended Major_________________________ TOEFL Score (if taken)_____________ Date taken______________

If you are already in the United States, please answer the following questions:
A. When did you enter the United States?_________________________
B. If you currently have a “F” visa, what school issued it to you?_________________________
C. If you do not have a “F” visa, indicate what type of visa you do have?_________________________

List in chronological order all secondary schools and colleges/universities attended.

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Attended</th>
<th>Certificate or Degree</th>
<th>Date Awarded</th>
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What amount of money (in U.S. dollars) is available to you for your tuition and other expenses each year?  $________
Name of Source ___________________________________ Mailing Address ____________________________

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature_________________________________________ Date_____________________