

# SUPPLEMENTAL PACKET

## *for International Graduate Student Admission*

The School of Graduate & Professional Studies  
Chicago State University  
9501 So. King Drive  
ADM/200  
Chicago, IL 60628-1598

Tel: 773. 995. 2404  
Fax: 773. 995. 3671  
Email: [G-Studies1@csu.edu](mailto:G-Studies1@csu.edu)  
URL: [www.csu.edu/](http://www.csu.edu/)

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

Tuition & Fees	\$10,332.00	Health Insurance	\$700.00	Transportation	\$1700.00
Housing & Food	\$8600.00	Books & Supplies	\$1800.00	Miscellaneous	\$4300.00
				<b>TOTAL</b>	<b>\$27,432.00</b>

#### INDICATE SOURCE OF FUNDS ASSURED AMOUNTS IN U.S. \$

STUDENT NAME \_\_\_\_\_  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

**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 Employer \_\_\_\_\_

Relationship \_\_\_\_\_

- 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

**The School of Graduate & Professional Studies**

Chicago State University

**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.**

Name Location Attended Certificate or Degree Date Awarded

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 \_\_\_\_\_