



# FINANCIAL AFFIDAVIT FOR GRADUATE INTERNATIONAL STUDENT APPLICATION

College of Graduate Studies and Research  
115 Alumni Foundation Center  
Mankato, MN 56001 USA  
507-389-2321 (V), 800-627-2321 or 711 (MRS/TTY)

All international applicants must submit the Financial Affidavit. Failure to respond to all questions will delay the admission process and the delivery of the form I-20.

**The financial resources noted on this affidavit have no impact on your eligibility to receive a graduate assistantship (GA).** Financial resources are not considered when awarding graduate assistantships. Your application and immigration documents will be processed with greater efficiency if you accurately indicate your complete financial resources. If you hope to receive a graduate assistantship, please be advised that 75% of our admitted students are not awarded assistantships and that the GA financial package does not cover the entire cost of study. International applicants who receive a graduate assistantship must demonstrate the availability of at least **\$11,654**, in addition to the resources noted below if dependents will accompany you to Mankato. However, for the vast majority of international applicants, demonstrating the availability of \$11,654 will not result in a full admission or receipt of the form I-20.

The majority of applicants must demonstrate the ability to pay the full estimated cost of attending Minnesota State University, Mankato for a school year: **\$20,654**. Applicants to the MBA, MSW, MAT, and doctoral programs must demonstrate the availability of at least **\$23,354**. Verification of an additional \$6,500 is needed if a spouse or one dependent will accompany you to Mankato. An additional \$4,000 must be demonstrated for each additional dependent. The resident tuition benefit is reflected in these cost estimates. University tuition charges and fees are subject to change without notice.

*Shaded areas must be signed and all appropriate sections must be completed. Unsigned or incomplete forms will not be processed.*

Applicant's Name: \_\_\_\_\_  
(As it appears on Passport) (Last or Family Name) (First or Given Name) (Middle Name)

PLEASE INDICATE THE SOURCES OF FINANCIAL SUPPORT AND AMOUNT YOU ANTICIPATE RECEIVING IN U.S. DOLLARS.  
ALL SUPPORTING FINANCIAL DOCUMENTS MUST BE DATED WITHIN THE PREVIOUS THREE MONTHS.

- Personal (student) Resources: U.S. \$ \_\_\_\_\_  
(Original Bank Statements must be enclosed to verify amounts.)
- Parents or Sponsor Resources U.S. \$ \_\_\_\_\_  
(Official Certification Form and Original Bank Statement must be enclosed.)  
PARENT OR SPONSOR MUST SIGN ON SIDE 2 OF THIS FORM.
- Government Scholarship: U.S. \$ \_\_\_\_\_  
(A signed copy of your letter of award must be enclosed.)
- Other Sources: U.S. \$ \_\_\_\_\_  
(Please specify and provide signed affidavits from authorized persons or agencies.)  
\_\_\_\_\_  
U.S. \$ \_\_\_\_\_  
\_\_\_\_\_  
U.S. \$ \_\_\_\_\_

**\*TOTAL** U.S. \$ \_\_\_\_\_  
(required)

**OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS  
FROM PARENT OR SPONSOR**

**PARENT OR SPONSOR:** Please fill out information below.

**IMPORTANT:** Sponsor name(s) listed here must be EXACTLY the same as the BANK ACCOUNT NAMES.

*I certify with my signature that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.*

\_\_\_\_\_ (Name of parent, relative, sponsor) \_\_\_\_\_ (Sponsor's relationship to student)

\_\_\_\_\_ (Street and Number) \_\_\_\_\_ (City) \_\_\_\_\_ (State/County) \_\_\_\_\_ (Zip)

Are you sponsoring any other student currently studying in the U.S.?  yes  no

If Yes, student's name (please print) \_\_\_\_\_

School student is attending: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARENT, RELATIVE OR SPONSOR) \_\_\_\_\_ (DATE)

**OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS**

**APPLICANT:** Please provide the REQUIRED signature and date below.

By signing here you are agreeing to the following statement.

*I certify that the information provided is correct and complete and that I shall notify Minnesota State University, Mankato of any change in my financial circumstances. I understand that inaccurate information can be cause for terminating enrollment at Minnesota State University, Mankato.*

\_\_\_\_\_  
(SIGNATURE OF APPLICANT) \_\_\_\_\_ (DATE)

**IF APPLICABLE, LIST ANY DEPENDENTS (SPOUSE OR CHILDREN) WHO WILL BE ACCOMPANYING YOU AND WHO SHOULD BE INCLUDED ON YOUR I-20:**

NAME (last name, first name) (as it appears on the passport)	Relationship to Applicant	Country of Citizenship	Country of Birth	Birth Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____