
International Student Declaration of Finances 2019-2020

GENERAL INFORMATION

The United States Citizenship and Immigration Services requires that Saint Martin's University verify the financial resources of all international student applicants. This form is for that purpose. Before an I-20 will be issued all sections of this form must be complete and supplemented with an official financial statement.

Please note that the dollar amounts listed below are estimates for one academic year (two semesters), before scholarships. You are required to certify that sufficient funds are available for the amounts listed. The estimated amounts do not include transportation to and from the United States, and do not represent the total expenses of your program, if longer than nine months.

Student visa holders are not authorized to work off campus in the United States, except under special circumstances. You should not plan on providing support for your education through employment while a student.

Counseling Graduate Program

Tuition and fees	\$15,300
Room.....	\$5,750 (rate varies by room type)
Meal Plan.....	\$5,950 (rate varies by meal plan)
Health Insurance.....	\$1,590 (estimate)
Books/Supplies.....	\$1,000 (estimate)
Total Estimated Yearly Cost of Attendance.....	\$29,590



STATEMENT OF FINANCIAL RESPONSIBILITY

Financial Resources	Qualifications and Required Documentation	Amount (in U.S. dollars)
1. Personal/Family/Sponsor Savings	Official financial statement on bank letterhead including a current balance of the account. The letter should be dated no earlier than six months before the term you intend to enroll at SMU.	\$ _____
2. Government or Sponsoring Agency	Copy of your award letter.	\$ _____

Affidavit of Support: to be completed by applicant (if self-supporting), parent, family member, or sponsor.

I hereby certify that I am willing and able to provide the amount of \$ _____ per year payable in U.S. dollars towards the educational expenses of (student's name) _____ . Documentation of my financial resources in the form of a bank letter accompanies this affidavit of support.

My relationship to this student is: _____

Address of Sponsor: _____

Sponsor's Signature: _____

Print Name: _____

Date: _____

ADDITIONAL COSTS TO SHOW FOR DEPENDENTS

Will you be bringing dependents with you?

Spouse: __ Yes __ No

Children: __ Yes __ No If yes, how many children? ____

*An additional \$5,618 (per dependent) will be added to the total estimated cost of attendance.

*All costs are estimated based on current cost per academic year. Costs are subject to change without advanced notice.

STATEMENT OF FINANCIAL RESPONSIBILITY

I hereby certify that all the statements made on this declaration of finances are true and correct.

Applicant Signature: _____

Print Name: _____ Date: _____

Upload this completed form along with required documentation into the electronic application for admission. It also may be forwarded electronically or via paper to:

Saint Martin's University
Office of Graduate Admissions
5000 Abbey Way SE, OM412
Lacey WA 98503
USA

For questions please contact the Office of Graduate Admissions:

Please contact: Chantelle Petrone Marker, Senior Recruiter

gradadmissions@stmartin.edu or at cmarker@stmartin.edu

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