

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Please clearly **PRINT/TYPE** the following information.

Questions about this form may be sent to faid@thsu.edu
Send this completed form back to THSU along with any supporting documents.
Please be prepared to show this documentation to the United States Consulate at your F-1 VISA interview.



STUDENT INFORMATION

(Personal information should be the same as listed on student's passport)

	First (Given) Name	Middle Name	(if applicable)	Last (Family) Name		
	First (Given) Name	ivildale Name	(ii applicable)	Last (Family) Name		
D	ate of Birth (Month/Day/Year)	Country	of Birth	Country of Citizenship		
	Gender	Phone I	Number	Email		
	Program you are apply	ring for	Term you are applying for (ex: spring 2021, summer 2021, fall 2021)			
Mailing	address where immigration	n documents (I-20) shou	ld be sent)			
	Street Address					
	City	State/Province	Zip/Postal Code	Country		
			ANCIAL SUPPORT t applies to your situation)			
		Name of Yo		Sponsor's Relationship to You		
	Personal Savings	N/	Ä	N/A		
	Personal Savings Family Sponsor	N/ 	^A	N/A		
	-	N/	^A	N/A		
□ □ □ · All	Family Sponsor 3 rd Party Sponsor			N/A s must complete Form I-134 from USCIS		
* AII	Family Sponsor 3 rd Party Sponsor (Government, Employer, etc.)	cial Confirmation Letter				

PROOF OF FINANCIAL SUPPORT

- Two original sets of supporting documents should be obtained. One set is for your application to THSU. The other should be used when applying
 for a VISA at the U.S. Embassy or Consulate
- 2. The information on the bank statement should be dated within <u>at most</u> 6 months of the student's intended start date. Bank statements must be official, and clearly indicate the account holder's name, the type of account, the bank name and branch, and the total balance in the account. All documents must be original. Copies will not be accepted.

DECLARATION OF STUDENT: I have read the estimated budget for international students. I understand that U.S. Immigration requires that I show proof to THSU of my financial ability to meet these expenses. I also understand that I am required by law to show proof of financial support to cover at least my first year of study. In addition, I must provide proof that adequate funding will be available to cover subsequent years of study. I understand also that if I cannot meet my financial obligations to the university, or if it becomes evident that I have given false information in this affidavit, I may be withdrawn from school.

Student's Signature:	Date:	
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TEXAS HEALTH AND SCIENCE UNIVERSITY

ESTIMATED EXPENSES FOR 12 MONTHS

(3 TRIMESTERS)



International Student Estimated Expenses for 12 Months

All amounts listed in U.S. Dollars and reflect averages for 3 trimesters

THSU reserves the right to make adjustments of 4-7% per year reflecting changes in the cost of living and education

(Subject to governing board approval)

PROGRAM	TUITION & FEES	BOOKS & SUPPLIES	LIVING EXPENSES	HEALTH INSURANCE	TOTAL ESTIMATED EXPENSES FOR 12 MONTHS (Student only)	DEPENDENTS (Add \$10,400 for spouse and/or \$4,500 for each child) *	TOTAL ESTIMATED EXPENSES FOR 12 MONTHS (Family total)
BSTCM (BACHELOR IN TCM)	\$26,700	\$1,500	\$24,480	\$1,140	\$53,820		
MACHM (MASTER IN ACUPUNCTURE)	\$27,057	\$1,500	\$24,480	\$1,140	\$54,177		
BBA (BACHELOR OF BUSINESS ADMINISTRATION)	\$26,682	\$1,500	\$24,480	\$1,140	\$53,802		
MBA (MASTER OF BUSINESS ADMINISTRATION)	\$21,682	\$1,500	\$24,480	\$1,140	\$48,802		
MBAH (MBA IN HEALTHCARE MANAGEMENT)	\$21,682	\$1,500	\$24,480	\$1,140	\$48,802		
ESL (ENGLISH AS A SECOND LANGUAGE)	\$11,840	\$1,500	\$24,480	\$1,140	\$38,960		

^{*}If not applicable, leave blank.

Dependent Information*

DEPENT'S FULL NAME	DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP TO STUDENT (SPOUSE/CHILD)	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	GENDER

^{*}If not applicable, leave blank