



# International Graduate Financial Form

UPLOAD THIS FORM WITH YOUR PASSPORT AND CERTIFICATE OF FINANCES TO YOUR [APPLICATION FOR ADMISSION](#) OR EMAIL TO [graduateadmission@stcloudstate.edu](mailto:graduateadmission@stcloudstate.edu) TO RECEIVE YOUR I-20. **NOTE THAT FINANCES OR PERCEIVED ABILITY TO PAY TUITION AND FEES WILL NOT INFLUENCE ADMISSION DECISIONS.**

You are required to submit financial certification indicating you have documented support for the estimated annual expenses of your program. Expenses include tuition and fees, living expenses, personal expenses, books, and health insurance. International travel expenses are not included in the annual estimate. If you plan to bring dependents (spouse and/or children), you must submit additional funding. See page 3 for estimated program costs and required financial assets.

Name as it appears on your passport.

LAST/FAMILY	FIRST/GIVEN	MIDDLE
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Student ID (blank if unknown) \_\_\_\_\_

Marital Status: ☐ Married ☐ Not Married

Dependents: ☐ Yes ☐ No

If Yes, please add dependent information below and include copies of Passport Biography Page for all who will accompany you to the US.

Name	Relationship	Date of Birth	City & Country of Birth	Remain Home?	Come Later?

## FUNDING SOURCES

Choose the appropriate category (1, 2, 3 or a combination) and state the source of your yearly financial resources in U.S. dollars with which you will pay all your expenses.

\$6,500 additional funding is required for the first dependent and \$4,000 for each dependent thereafter if dependents will accompany or later join applicant.

1) Personal resources: I have personal savings in the equivalent of USD \$ \_\_\_\_\_

2) Parent or Sponsor resources: My parent or sponsor has the equivalent of USD \$ \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent, Relative, Sponsor  
*List the name exactly as it is on the Bank Account*

\_\_\_\_\_  
Signature of Parent, Relative, Sponsor

3) If receiving financial support from a government agency, private foundation, university (scholarship or assistantship), or business please enclose a signed and certified letter of your award. This letter may not be older than six (6) months. The letter must state that you are approved to receive the support for study at St. Cloud State University and must indicate the amount of the support you will receive.

\_\_\_\_\_  
Name of agency, foundation, business

USD \$ \_\_\_\_\_

TOTAL FUNDS AVAILABLE: USD \$ \_\_\_\_\_

Total Funds Available must meet or exceed the program costs on Page 3 to receive your Visa.

## St. Cloud

Tuition*
Fees
Room & Board (12 mos)
Books, Supplies, Miscellaneous
Int'l Student Health Insurance
Total required for financial documents

Master's Programs	Doctoral Programs	MBA – St. Cloud	Applied Behavior Analysis	Communication Sciences & Disorders
\$10,629.04	\$14,171.40	\$14,040.54	\$13,192.02	\$11,563.74
\$1,183.66	\$1,183.66	\$1,183.66	\$1,183.66	\$1,183.66
\$9,860.00	\$9,860.00	\$9,860.00	\$9,860.00	\$9,860.00
\$5,070.00	\$5,070.00	\$5,070.00	\$5,070.00	\$5,070.00
\$2,400.00	\$2,400.00	\$2,400.00	\$2,400.00	\$2,400.00
<b>\$29,142.70</b>	<b>\$32,685.06</b>	<b>\$32,554.20</b>	<b>\$31,705.68</b>	<b>\$30,077.40</b>

## Plymouth & St. Paul

Tuition*
Fees
Room & Board (12 mos)
Books, Supplies, Miscellaneous
Int'l Student Health Insurance
Total required for financial documents

MEM - Plymouth	EMEM - St. Paul	Regulatory Affairs	Med Tech Quality	Applied Clinical Research
\$9,755.10	\$11,918.16	\$18,019.44	\$18,019.44	\$18,019.44
\$236.88	\$236.88	\$236.88	\$236.88	\$236.88
\$9,860.00	\$9,860.00	\$9,860.00	\$9,860.00	\$9,860.00
\$5,070.00	\$5,070.00	\$5,070.00	\$5,070.00	\$5,070.00
\$2,400.00	\$2,400.00	\$2,400.00	\$2,400.00	\$2,400.00
<b>\$27,321.98</b>	<b>\$29,485.04</b>	<b>\$35,586.32</b>	<b>\$35,586.32</b>	<b>\$35,586.32</b>

\*Total tuition inclusive of Academic & Cultural Sharing Scholarship for eligible programs