OFFICE OF INTERNATIONAL AFFAIRS

INTERNATIONAL STUDENTS

Affidavit of Financial Support

To be used by students financially dependent on the support of others.

If you need a new I-20 or DS-2019, Ohio State is required by the U.S. Government regulations to determine whether you have adequate funding for tuition, fees and living expenses for the duration of your stay. ISS will be unable to process your request for a new I-20 or DS-2019 until funding documentation is complete.

Documentation of Funds
Complete both sides of this form and provide documentation as required. All documentation of sources of support that you submit must:

• Include the sponsor’s name
• Be dated within the last 12 months; and
• Be written in English

Affidavit of Support
A separate affidavit is required for each sponsor. The total funds on the affidavit(s) must equal the total estimated expenses indicated below.

Bank Statement
Each personal sponsor (friends or family) must provide a statement or letter from the bank showing U.S. dollars or type of currency where the account is held totaling the amount needed. The sponsor on the Affidavit of Financial Support and the account holder on the official bank statement must be the same.

Estimated Expenses
$ ____________
This amount represents an estimate of expenses associated with continuing your program of study at Ohio State.

Student Information

Last Name: __________________________________________________________
First Name: __________________________________________________________
Middle Name: ________________________________________________________
Date of Birth (mm/dd/yyyy): _____/_____/_______ Campus ID Number: ____________________________
Country of Birth: ____________________________ City of Birth: ____________________________
Country of Residence: ____________________________ Country of Citizenship: ____________________________
Current Status:

☐ F-1 ☐ J-1 ☐ Other: ____________
Student’s Declaration

I, ________________________________________ (applicant’s printed name), hereby promise that the information provided is correct and complete. I understand that I am ultimately responsible for all expenses associated with my stay in the United States.

Signature of Applicant: _______________________________ Date (mm/dd/yyyy): ____/____/________

Affidavit of Support from Personal Sources (family or friends)

Directions: Ask your personal sponsor(s) to complete the appropriate sections below. A separate affidavit is required for each sponsor. The sponsor and the account holder on the official bank statement must be the same.

Check all that apply:

- I will provide full financial support for the applicant’s educational and living expenses for the entire length of study at Ohio State. As verification that funding is available, I have attached one or multiple bank statements.

- I will provide partial financial support. Amount per year: $_______________
  
  Duration of Support:
  
  - All Study Years
  - 2nd Year
  - 1st Year
  - 3rd Year
  
  Other: _______

  As verification that funding is available, I have attached one or multiple bank statements.

- I will provide full support for spouse and/or children if accompanying applicant to the United States. As verification that funding is available, I have attached one or multiple bank statements.

Personal Sponsor

Name: _______________________________ Relationship to Student: _______________________________

Address: __________________________________________________________________________

Signature of Sponsor: _______________________________ Date (mm/dd/yyyy): ____/____/________
Affidavit of Support from Funding Agency (government, organization or institution/school)

Directions: Please ask your funding agency to complete the following.

We, ________________________________ (name of sponsor), hereby certify that we will pay the following expenses associated with tuition, fees, books, health insurance and living expenses for ________________________________ (student) and, if applicable, health insurance and living expenses for spouse and children.

Study is approved for ________________________________ (degree) in ________________________________ (field of study) at The Ohio State University. Funding is effective from ___/_______ (mm/yyyy) to ___/_______ (mm/yyyy). Total award is $_______ (U.S. Dollars) per year for _________ years.

Signature of Sponsor: ________________________________ Date (mm/dd/yyyy): ____/____/________

Official Title: ________________________________ Office or Division: ________________________________

Address: ________________________________

Address where tuition and fees will be billed, if applicable:

________________________________________

Please affix official seal of funding institution if available.