



Office of International Admissions
PO Box 10078, Beaumont, TX 77710
Telephone: 409/880-8356
Fax: 409/880-8414
Web: www.lamar.edu

FINANCIAL STATEMENT
GRADUATE & UNDERGRADUATE INTERNATIONAL STUDENTS
2007-2008 ACADEMIC YEAR
(Please print or type information except for signatures)

TO BE COMPLETED BY THE STUDENT

Revised 04/03/07

Student's Name _____ LU ID # _____
Family Name First Name MI
Physical Address: _____
Street Address (House Number, Colony, etc.)
City Province Postal Code Country
Birth Country: _____ Citizenship Country: _____
Date of Birth: ____Mo ____Day ____Year Gender: Male [] Female []
[] Graduate (Master or Doctor Degrees) \$20,500.00
[] Undergraduate (Associate or Bachelor degrees) \$22,625.00
Email Address: _____

International students who are not United States Citizens or Permanent Resident Aliens of the United States must complete all sections of this form. Accompanying this form must be a bank statement certifying you or your sponsor to have at least \$20,500.00 for a graduate student or \$22,625.00 for an undergraduate students (each must be in U.S. currency and is exclusive of travel funds) for each year of study at Lamar University (LU) and a letter of sponsorship from the party who will financially support you if the bank statement is not under your name. In addition, I am aware additional funding is required for enrolling in summer school, enrolling in more than the minimum number of semester credit hours required for full-time student status, and/or supporting a spouse and/or children while at LU. I am aware that if my spouse and/or children are with me in the United States, each must be covered by the University Student Health Insurance program upon arrival and for duration of stay. The letter should certify the sponsor's commitment to pay your educational, living, health, and personal expenses until completion of the program. These documents are required to process a SEVIS Form I-20 (F-1) or DS-2019 (J-1).

I am aware that an original currently dated financial document from my banking institution must be submitted with this form in order for the processing of my SEVIS I-20 or DS-2019 to be issued.

I, _____ certify that my financial support will be provided from my personal savings/funds in the amount of \$ _____ while I am a student at Lamar University.

Student's signature Date

Signature of Bank Representative Date

Seal or Stamp of Endorsing Bank

SPONSOR'S CERTIFICATION STATEMENT: To be completed by the person who will financially support

your educational, living, health and person expenses while at Lamar University. The sponsor must submit an original letter of sponsorship (**Please print or type information**)

This is to certify that I have read and understood the information given by the student and that it is true and accurate. I also certify that I have \$_____ in funds available to sponsor this student during his/her academic education at Lamar University.

Sponsor's Name: _____

Relationship to Student: Family Friend Employer Other _____

Seal or Stamp of Endorsing Bank

Sponsor's Signature Date

Signature of Bank Representative Date

TO BE COMPLETED BY STUDENT

Do you currently have an F-1 student visa or J-1 student visa from a U.S. institution? Yes No

If yes, please answer the following questions and submit documents* required:

Name of institution which issued the I-20 or DS-2019: _____

Level of study: ESL Language Training High School Associate Bachelor Master Doctor

Expiration Date on I-20 or DS-2019: _____ Passport Visa Expiration: _____

I-94 Admission Number: _____ Date of entry into U.S.: _____

***A Student Status Transfer Form** provided by LU must be completed by you and your current International Student Advisor. A copy of your current I-20 or DS-2019, student visa, and I-94 are also required. **All documents must be mailed to the International Admissions Office, PO Box 10078, Beaumont, TX 77710.**

Do you plan to include any dependents on your SEVIS I-20 or DS-2019 issued from LU? Yes No

If yes, add an additional **\$3,970.00 for your spouse and \$2,235.00 for each child** to the amount required on the bank statement and provide the following information (For additional names, list on a separate sheet of paper including your name, birth date, and attach):

Family Name	First Name	Middle	Birth Date	Birth Country	Country/Citizenship	Relationship
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

All international students, and their dependents upon arrival, are required to be covered by the University Student Health Insurance program for duration of stay.

Retain copies of all financial documents submitted to the Office of International Admissions since you will need to present them at the U.S. Embassy or Consulate when applying for a visa. Please be informed that it is the student's responsibility to make sure that the money is available when needed and that all advanced arrangements are made. I authorize LU to verify the information I have provided. I agree to notify the proper LU officials of any changes in the information provided. I certify that the information on this form is complete and correct, and I understand that the submission of false information is grounds of rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Student's signature Date