HBU HOUSTON BAPTIST UNIVERSITY
Office of International Student Services
7502 Fondren Rd.
Houston, TX 77074-3298

2013 – 2014 Financial Affidavit
International Graduate Students
(Master of Science in Management)

Under U.S. law, the university must have certain information, including evidence of adequate financial resources, before issuing an I-20 form (for a student F-1 visa). Please complete this form and attach the necessary documentation to it. Keep copies of all financial documents submitted, as you will need to present the same information to the U.S. consulate or embassy when obtaining a visa. You may be requested to show it again when you pass through Immigration inspection coming into the U.S.

Important Note: If you will be accompanied by any dependents, please give their names, dates of birth, countries of birth and countries of citizenship on page 3 of this form, so they can be issued appropriate documentation. Please, include copies of their passports.

Estimate of expenses for one academic year (fall and spring terms) at Houston Baptist University, 2013-2014:

Tuition and Fees:	**$ 12,338.00**
Room and Board:	**$ 6,604.00**
Books, Insurance and Supplies:	**$ 1,904.00**
Transportation:	**$ 1,436.00**
Personal Expenses:	**$ 2,161.00**
TOTAL	***$ 24,443.00**

***Please add an additional $5,000.00 per dependent. Additional fees may apply once enrolled.**

Section I – to be complete by applicant

Name (as written in passport)_____
Family *First* *Middle*

Date of Birth_____ Place of Birth _____
Month/Day/Year *City* *Country*

Country of Citizenship_____ Country of Permanent Residence_____

Coming to the U.S.: ☐ Alone ☐ With Dependents

Permanent International Address: (This is your physical permanent address in your home country)

_____
Street

_____
City *State/Providence* *Country* *Postal Code*

Local Address: (If different from the address above)

_____
Street

_____
City *State/Providence* *Country* *Postal Code*

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Section II – to be completed by sponsor or applicant

I, _____ promise to provide financial support for _____
Name of Sponsor (in Print) *Name of student (in Print)*

in the amount of $_____ U.S. dollars. This yearly financial support will be used for tuition, fees, room, board, insurance, books, supplies, transportation, and personal expenses while he/she is a student in the United States completing his/her degree. By signing my name to this affidavit, I certify that information is accurate and assure Houston Baptist University and the U.S. Government that the above named student will not become a public charge in the United States. Also, I assure Houston Baptist University will not be held responsible for unforeseen difficulties that alter my financial situation. **Official documentation such as a bank statement (dated within six months) verifying available sufficient funds must accompany this affidavit.**

_____ _____
Signature of person providing funds *Date*

_____
Relationship to applicant

I, _____ witnessed the signing of this document by _____
Name of Witness (in Print) *Person providing funds*

on _____.
Month/Day/Year

_____
Signature of Witness

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Section III – to be completed only if there are dependents

Dependents information: (please complete the following for each of your dependents that will be accompanying you to the U.S.)

Dependent #1: ☐ Spouse ☐ Child / ☐ Male ☐ Female

Name (**as written on passport- *attach copy)** _____
Family *First* *Middle*

Date of Birth _____ Place of Birth _____
Month/Day/Year *City, Country*

Country of citizenship _____ Country of legal permanent residence _____

Dependent #2: ☐ Spouse ☐ Child / ☐ Male ☐ Female

Name (**as written on passport- *attach copy)** _____
Family *First* *Middle*

Date of Birth _____ Place of Birth _____
Month/Day/Year *City, Country*

Country of citizenship _____ Country of legal permanent residence _____

Dependent #3: ☐ Spouse ☐ Child / ☐ Male ☐ Female

Name (**as written on passport- *attach copy)** _____
Family *First* *Middle*

Date of Birth _____ Place of Birth _____
Month/Day/Year *City, Country*

Country of citizenship _____ Country of legal permanent residence _____

Dependent #4: ☐ Spouse ☐ Child / ☐ Male ☐ Female

Name (**as written on passport- *attach copy)** _____
Family *First* *Middle*

Date of Birth _____ Place of Birth _____
Month/Day/Year *City, Country*

Country of citizenship _____ Country of legal permanent residence _____