

**CERTIFICATE OF FINANCIAL RESPONSIBILITY**

Dean of the Graduate School  
Washington State University  
P O Box 641030  
Pullman, WA 99164-1030

Name: _____ <small>Last (Family) First Middle</small>		Date of Birth			Expected Visa <input type="checkbox"/> I-20 for F-1 student status  <input type="checkbox"/> IPA-66 for J-1 exchange visitor status
		Month	Day	Year	
Address: _____ <small>(Number and Street) (City)</small>		Place of Birth			Country of Citizenship
		_____			
Field of Study: _____		Degree Sought: _____			Legal Permanent Resident of _____

Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary. **OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS**

STUDENT'S SOURCES OF FUNDS	PROJECTED SUPPORT Must reflect 4% increase per year				This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.
	ASSURED SUPPORT	FIRST YEAR	SECOND YEAR	THIRD YEAR	
<b>PERSONAL OR FAMILY SAVINGS</b>					Address of Bank _____ <small>(Number and Street) (City)</small> _____ <small>(State or Province) (Country) (Postal Code)</small> Signature of Bank Official _____ Title _____ Date _____ Bank Seal (Required)
NAME OF BANK _____ A bank official's signature is required on the certification if the student is partially or totally supported by personal savings and/or parents' savings.					
<b>PARENTS</b>					Parent's signature is required Signature of Parent _____ Date _____
<b>SPONSORS (other than parents)</b>					Address of Sponsor: _____ <small>(Number and Street) (City)</small> _____ <small>(State or Province) (Country) (Postal Code)</small> Signature of sponsor _____ Date _____
<b>YOUR GOVERNMENT</b>					Name and Address of sponsoring agency _____ <small>(Name of Agency)</small> _____ <small>(Number and Street) (City)</small> _____ <small>(State or Province) (Country) (Postal Code)</small>
NAME OF AGENCY _____ Enclose with this form a signed copy of your official letter of award. Date of letter must not be over 1 year old.					
<b>Washington State University</b>					• What is the present exchange rate of your country's currency to the US dollar? (for example, 20 pesos = \$1) . . . . . = \$1 • Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No • If "Yes," describe restrictions _____ • Do you have a source for emergency funds once you arrive in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," name source: _____ _____ <small>(Name) (Telephone)</small> _____ <small>(Number and Street) (City)</small> _____ <small>(State/Province/Country/Zip)</small>
(Type of Award) _____					
<b>Other, please specify</b>					
<b>TOTAL</b>					

\* What is the total amount of money you expect to have when you arrive at this institution? US\$ \_\_\_\_\_ Amount available in U.S. dollars \_\_\_\_\_

• Do you plan to remain in the U.S. during the summer?  Yes  No

• If remaining in the U.S., do you plan to attend summer school?  Yes  No

• Do you plan to come alone?  Yes  No

• I plan to bring the following dependents with me: (Please list and specify relationship to you)

\_\_\_\_\_

\_\_\_\_\_

I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_