

International Student Dependent Declaration of Finance Estimated Cost 2022-2023

Below is an estimated additional expense per dependent for one academic year based on estimated expenses only. All amounts are listed in US American Dollars (USD). All fees are subject to change without prior notice.

NOTE: F2 dependents can NOT work. Working on an F2 visa will terminate the F2 and the F1 sponsor.

Estimated Expenses Per Dependent

Expense Source	Expenses
Tuition/Fees/care (Child under 18)*	\$6000*
Typical Increased Housing Costs	\$3,000
Dining	\$4,000
Estimated General Expenses	\$1,500
Medical Insurance (required through DSU)	\$2,200
Total Expenses	\$10700-16700

*F2 minors must attend school. Fees may be required and are beyond the purview of DSU International Programs

This section is to be completed by the student. To be considered complete all blanks in sections A, B, C, D, and E must be filled out even if the amount contributed is \$0. Section F is the total of the amounts listed in sections A, B, C, D, and E added together. All funds listed on this form must be accompanied by an official bank statement or other relevant financial agreement. DSU reserves the right to request verification of all bank statements. Applicants will not be issued an I-20 without submitting sufficient financial documents. A bank statement used for two or more students/dependents must show sufficient funds to cover expenses for all applicants and a separate copy of the bank statement must be submitted for each visa to be issued.

Section	Funding Source	Sponsor Name	Amount
A	Personal	<u>Self:</u>	\$
B	Sponsor (Institution or Organization)	<u>Sponsor:</u> <u>Sponsor:</u>	\$ \$
C	Government	<u>Agency:</u>	\$
D	Relative or Friend or Parent	<u>Parent:</u> <u>Friend/Relative:</u>	\$ \$
E	DSU Scholarship/Awards	<u>Scholarship:</u> <u>Award:</u>	\$ \$
F	Total Expenses (must be <i>equal or greater</i> than the total expenses listed in the Estimated Expenses Table above)	<u>Total:</u>	\$

By signing below, I certify the total funds listed above in Section A, B, C, D, and E are available for each academic year I will be attending Dickinson State University. I am aware the tuition and fees listed above are MINIMUM estimate and are subject to change without notice.

Student Name:

Date: _____

Student Signature:

Date: _____

Parent, Guardian, or Sponsor Name:

Date: _____

Parent, Guardian, or Sponsor Signature:

Date: _____