

INTERNATIONAL UNDERGRADUATE STUDENT FINANCIAL CERTIFICATE

Gallatin College – Bozeman, MT 59717-2580

All undergraduate international applicants requesting admission to Gallatin College must provide verification of financial support in the amount of \$34,468 (thirty-four thousand, four hundred and sixty-eight U.S. dollars). This amount is estimated to cover tuition, fees, and living expenses for each academic year (9 months). In order to receive your Form I-20, you will need to complete this financial certificate. An estimated budget that includes additional expenses can be found on the second page.

STUDENT INFORMATION:

Please fill out this data completely and provide copies of passports.

1	Family (Last)	Namo	First (Circar) N	
Student	Failing (LdSL)	INGILLE	First (Given) N	ame Middle Name
Spouse Child 1				
Child 2				
Child 3				
A student accompa and \$5,000/year pe	nied by dependent(s) mu r child	ist be able to provi	de additional minimum f	inds of \$8,000/year to support a spouse
Complete Legal	Name			
FAMILY (LAST) NAME			GIVEN (FIRST) NAME	MIDDLE / MAIDEN NAME
Permanent Ado				
STREET AND NUMI	BER			
CITY OR TOWN / P	OSTAL CODE		COUNTRY	
Term of Enrolln	nent at Gallatin Coll	ege Please select	a term and complete the	year.
Fall Semest	ester 20 Spring So		mester 20	Summer Semester 20
ANNUAL SUPPC		ecessary bank state	ements or sponsorship let	ters:
My family	and/or I am able to	provide funds i	n the amount of \$34	,468 (bank statement attached)
My family	and/or I am able to	provide partial	support of \$	(bank statement attached)
My sponse	or/Third Party is prov	viding full supp	ort for me (sponsorship l	etter attached)
My sponse	or/Third Party is prov	viding partial su	ipport of \$	(sponsorship letter + bank statement attached)

Estimated Basic Undergraduate Budget: 9 months

The expenses shown below reflect <u>estimated</u> costs for a student carrying a full-time course load (12 or more credits) for fall and spring semesters, 2024/2025. Actual fees may vary based on specific program fees or the number of credits carried each semester. These figures are subject to change upon approval by the Montana Board of Regents.

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	Per Semester	Per Year
Tuition and Fees	\$8,121.00	\$16,242.00
Room/Board	\$6,723.00	\$13,466.00
Books/Supplies*	\$544.00	\$1,088.00
Health Insurance**	\$2,567.00	\$4,769.00
		TOTAL: <i>\$35.565.00</i>

*Costs for books and supplies vary depending on number of credits carried per semester and courses taken. **Medical care can be very expensive in the U.S.. Students are <u>required</u> to have health insurance for themselves and their family. MSU offers student health insurance at the above mentioned rates per student. You can opt out of MSU health insurance if you provide proof of another health insurance policy.

Both statements below must be completed. In addition, a bank statement or other form of documentation of financial support must be provided to assure that funds are available for the first year of study. Fees are determined by the Montana Board of Regents annually and are subject to change. Keep a copy of these documents for your records. It may be necessary to show verification of financial status at the U.S. Port of Entry.

SPONSOR'S STATEMENT

I do hereby guarantee that the applicant below will have a minimum of \$34,468 (thirty-four thousand, four hundred and sixty-eight U.S. dollars) for each academic year that the applicant is a student at Gallatin College.

PRINTED NAME OF SPONSOR, THIRD PARTY, OR FAMILY MEMBER

SIGNATURE OF SPONSOR, THIRD PARTY, OR FAMILY MEMBER

Date

RELATIONSHIP TO STUDENT APPLICANT

APPLICANT'S STATEMENT

Please check off each box below before adding your signature and date below.

I certify that all statements on this form are true and accurate, and that funds will be provided and made available to me as specified above for the duration of my studies at Gallatin College.

I will notify Montana State University of any changes in my financial circumstances or that of my sponsor.

I understand that, should I be admitted and register, failure on my part or that of my sponsor to provide the needed funds will result in cancellation of my registration and termination from the undergraduate program at Montana State University.

I authorize MSU to send bills to and communicate with my sponsor as necessary to assure payment of outstanding charges to Montana State University.

Applicant's signature

SIGN COMPLETE LEGAL NAME

Date