



## I-20 Request Form for College of Veterinary Medicine Department of Veterinary Clinical Sciences

United States Citizenship and Immigration Services (CIS) regulations require documentation that sufficient financial resources are available to meet a student's prospective educational and living expenses while in the US. Therefore, Oklahoma State University requires a guarantee of financial resources from each applicant who expects to obtain or maintain Student (F-1) status. Applicants are required to submit financial documentation that equals or exceeds one full year of expenses for the program of study they are interested in pursuing. A Certificate of Eligibility (I-20) will not be issued until this information is provided.

**Financial resources verification is required for all applicants, even if applicant is the holder of a Green Card of Permanent Resident.**

I understand the expenses listed are average cost estimates. The actual costs may vary based on changes in tuition and fees, books and supplies, room and board, medical insurance premiums, and personal lifestyles. I guarantee that I will have sufficient funds available to meet the estimated educational expenses as listed for the length of time that I study at Oklahoma State University. I certify that I can make the necessary arrangements to have all funds transferred to the United States and that I will have adequate funds for my travel to and from the United States. I understand that the tuition is payable at the beginning of my program in full, or 1/2 of the tuition at the beginning and the other half at the beginning of the second half of the program. If you will be living in campus housing, room and board will be payable monthly.

**These funds will be provided:**

- by my family  
 from my own savings  
 other (specify)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Guarantor's Certification** – Unless you are supported by your own savings, immigration documents cannot be issued without the guarantor completing and signing this section.

Guarantor's Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
(please print) Last Name Given or First

Guarantor's Country of Citizenship \_\_\_\_\_

Is the Guarantor currently residing in the United States?  Yes  No

If yes, is the Guarantor a U.S. citizen?  Yes  No

If no, is the Guarantor a Permanent Resident Alien  Yes  No

If the Guarantor is residing in the U.S. and is not a U.S. citizen or Permanent Resident Alien, what is his/her current visa classification? \_\_\_\_\_

As the applicant's Guarantor, I understand the expenses listed are estimates of the average cost. The actual costs may vary based on changes in tuition and fees, books and supplies, room and board, medical insurance premiums, and personal life styles. I guarantee that I will provide \_\_\_\_\_ with sufficient funds to meet the actual expenses incurred, as estimated while the applicant is completing his/her program. I certify that if there are dependents that plan to accompany the applicant, I will provide the additional funds necessary to meet the needs of the applicant's dependents. I certify that I can make the necessary arrangements to have all funds transferred to the United States and that I will provide adequate funds for the applicant's travel to and from the United States. **Mailing Address of Guarantor:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

**Bank's Certification:** If bank policies do not allow completion of this form, a separate bank letter or affidavit is an acceptable substitute. The letter should be on bank letterhead, signed by a bank official and specify the following: Name of account holder, date account was opened, current account balance or specific acknowledgement that account has a minimum balance to cover the student's estimated expenses and any additional dependents as listed, **monetary values should be converted to U.S. dollar.**

This is to certify that in our opinion, \_\_\_\_\_, the guarantor whose signature appears above has adequate funds to meet the expenses that will be incurred for the above named applicant and any dependents listed, as estimated on the reverse of this form. This certificate does not constitute a statement of liability on any part or on behalf of the bank incurred by the applicant named above.

\_\_\_\_\_  
Signature of Bank Official/Title

\_\_\_\_\_  
Date

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Bank Seal or Stamp