



Sam Houston State University
Global Engagement Center
 Affidavit of Financial Support

For what program are you applying? Undergraduate Graduate Exchange

APPLICANT'S PERSONAL INFORMATION			
Instructions: Please read this information carefully. Failure to follow instructions may result in a delay in processing your immigration document. You are required to certify the availability of funds to cover the estimated expenses (not including dependents) for the first year. Please see sheet two for estimated expenses for particular programs.			
Last Name (Family Name)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name (Given Name)		Date of Birth (month/day/year)	
City and Country of Birth		Country of Citizenship	
Country of Legal Permanent Residence		Major	
Address at Country of Legal Permanent Residence			
Current Occupation		Proposed Term of Admission	
E-mail Address		SAM ID Number (if known, 9 digits)	
PLEASE PROVIDE THE MAILING ADDRESS WHERE YOU WOULD LIKE TO RECEIVE MAIL. PLEASE PRINT CLEARLY.			
Name:			
Address:			
City	Country	Postal Code	Telephone

Documentation of Funds

Complete this form and provide all documentation as required. Please note:

- Official and original dated documents must be provided.
- All documents must be in English; translations must be signed and sealed by the appropriate government or bank official.
- All supporting documentation must be dated within three months of initial enrollment.

Personal Funds

- Complete the Affidavit of Financial Support and submit an official dated bank statement for each individual contributing financially to your education. In case of jointly held accounts, each individual holder must complete the sponsor section.
- Together, all funds must equate the total estimated expenses for each semester of study.

Government/Employer/Sponsored/Organization Funds

- Submit a detailed letter from the sponsor indicating the exact dollar amount for tuition/fees, living expenses, books and supplies, and health insurance.
- The letter must include the field of study and dates of sponsorship.

Instructions:

Please have your financial sponsor fill out the information below with their full name, relationship to you (i.e. father, mother, parent(s), uncle etc.) and their willingness to support you financially while you are studying at Sam Houston State University (SHSU). Please include supporting documentation in the form of bank statements or other financial documents with the sponsor's name on the documents in English. Please upload your documents through your Student Portal. Bank statements must be uploaded as Proof of Financial Support and this affidavit as Financial Backing Letter from Sponsor upload link. You can access it here: www.shsu.edu/checkstatus. Once we have received all your documents, we can proceed with issuing your Initial I-20.

Sam Houston State University is an Equal Opportunity/Affirmative Action Institution

• 936.294.4737 • www.shsu.edu/gec • gec@shsu.edu

Physical address for package delivery services only: 1908 Avenue J, Huntsville TX 77340 Box 2150

Form Updated: 2/10/2026

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Estimated Expenses Worksheet

UNDERGRADUATE PROGRAMS (August – May)			
Estimated Student Expenses Non-Resident		Estimated Student Expenses Resident	
Tuition and Fees	\$23,610	Tuition and Fees	\$11,370
Living Expenses	\$11,500	Living Expenses	\$11,500
Insurance, books, fees	\$4,000	Insurance, books, fees	\$4,000
Total Estimated Expenses* <i>*Subject to change</i>	\$39,110	Total Estimated Expenses* <i>*Subject to change</i>	\$26,870
Dependents	\$4,000 each	Dependents	\$4,000 each

To qualify for resident cost of attendance, you must have a scholarship of at least \$1,000. You must show proof of scholarship award when submitting proof founding documentation.

GRADUATE PROGRAMS (August – May)			
Estimated Student Expenses Non-Resident		Estimated Student Expenses Resident	
Tuition and Fees	\$18,048	Tuition and Fees	\$9,888
Living Expenses	\$11,500	Living Expenses	\$11,500
Insurance, books, fees	\$4,000	Insurance, books, fees	\$4,000
Total Estimated Expenses* <i>*Subject to change</i>	\$33,548	Total Estimated Expenses* <i>*Subject to change</i>	\$25,388
Dependents	\$4,000 each	Dependents	\$4,000 each

To qualify for resident cost of attendance, you must have a scholarship of at least \$1,000. You must show proof of scholarship award when submitting proof founding documentation.

EXCHANGE PROGRAMS			
Estimated Student Expenses (One Semester Fall OR Spring)		Estimated Student Expenses (Two Semesters – Fall AND Spring)	
Living Expenses	\$5,750	Living Expenses	\$11,500
Insurance, books, fees	\$2,000	Insurance, books, fees	\$4,000
Total Estimated Expenses* <i>*Subject to change</i>	\$7,750	Total Estimated Expenses* <i>*Subject to change</i>	\$15,500

Tuition is paid at home institution.

Transportation costs to and from the U.S. are not included. In addition to the above estimated costs, allowances must be made for educational and related expenses. Estimates for tuition, books, living expenses, and miscellaneous expenses for Summer terms are not included. **Health insurance is required for all F-1 and J-1 visa students and their dependents. Students are automatically enrolled in the university policy at their own expense. Students who have a comparable policy or purchase one can request to opt out of the university plan by completing a waiver form through the Student Health Center.**

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SPONSOR(S) SECTION

FIRST SPONSOR

Name of Sponsor (please print) _____ Relationship to Student _____

Address of Sponsor _____

I will provide (check one): ___ **full financial support** ___ **partial financial support** in the amount of \$ _____ per year for the applicant's (and dependents, if applicable) tuition, fees, and living expenses for the entire length of study at Sam Houston State University. As verification that funding is available, I have attached an original bank statement(s) or letter(s). (Please indicate applicant's name on all financial documents.)

Signature of sponsor _____ Date _____

SECOND SPONSOR (if applicable)

Name of Sponsor (please print) _____ Relationship to Student _____

Address of Sponsor _____

I will provide **partial financial** support in the amount of \$ _____ per year for the applicant's (and dependents, if applicable) tuition, fees, and living expenses for the entire length of study at Sam Houston State University. As verification that funding is available, I have attached an original bank statement(s) or letter(s). (Please indicate applicant's name on all financial documents.)

Signature of sponsor _____ Date _____

APPLICANT SECTION

NOTE: Dependents can only be a spouse or child. You must submit copies of each dependent's passport and birth certificate or marriage license to make their immigration documents (I-20/DS-2019)

Dependent Information (if applicable)

Dependent Name	Relationship To You	Birth Date (MM/DD/YYYY)	City, Country of Birth	Country of Citizenship

REQUIRED

Applicant Declaration: I, _____ hereby promise that the information provided is correct and complete.
(Applicant's printed name)

I understand I ultimately am responsible for all anticipated yearly expenses for the length of my stay at Sam Houston State University. I understand that these documents will not be returned to me.

Signature _____ Date _____

Please upload the completed Affidavit of Financial Support form to your Student Portal under Financial Backing Letter from Sponsor.

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