



Affidavit of Support – Dependent Spouse

Listed below is an estimate of costs for **the care of a spouse or dependents** of a student attending **Southeastern Oklahoma State University** during the Fall, Spring, and Summer terms. Please note that this is an **approximation of costs** for one year based upon 12 credit hours per semester for Fall and Spring, and 6 credit hours for Summer effective Fall 2008. **Valid for six (6) months from semester of acceptance.**

Living expenses & miscellaneous	8,500.00
Health insurance	500.00
Total	\$9,000.00

IMPORTANT NOTICE: SELF SPONSORSHIP IS NOT ACCEPTABLE. Sponsor and verification for sponsor’s financial status is required. A legitimate sponsor cannot be another student.

Certification of Financial Resources

This is to certify that I will assume full financial responsibility (a **minimum** of \$9,000.00 US dollars per year) for the support of _____ (spouse/dependents) of _____ during the course of his/her enrollment at **Southeastern Oklahoma State University**, Durant OK USA.

Date	Sponsor’s Signature & Sponsor’s Printed Name
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Print or type full name of student: _____

Print or type full name of sponsor: _____

Sponsor’s relationship to student: _____

Sponsor’s address: _____

Required:
Statement from bank or other financial institution in which the sponsor has deposits giving the following details regarding the sponsor’s account: date account opened; total amount deposited for the past year; and present balance. The bank official is not held responsible for the financial support of the international student.

Date	Signature of Bank/Financial Institution Official with Official Seal
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