#### Certificate of Financial Responsibility - INTO Mason - Student with Dependent(s)

OIPS, George Mason University, 4400 University Drive MSN 4C3, Fairfax, VA 22030 - Phone: 703-993-2970

## Personal and Immigration Information

Please print your full name exactly as it appears on your passport or birth certificate. We cannot issue your I-20 until we receive this form from you. If you have any questions please email <u>oipsinto@gmu.edu</u>.

| Name        |                    |               |                        |                |          |      |        |
|-------------|--------------------|---------------|------------------------|----------------|----------|------|--------|
|             | Last               |               | First                  |                | Middle   |      |        |
| Gender      | Male               | Female        | Date of Birth (MM,     | /DD/YYYY)      |          |      |        |
| City and co | ountry of birth    |               |                        |                |          |      |        |
|             |                    |               | City                   |                | Country  |      |        |
| Country of  | Citizenship        |               |                        |                |          |      |        |
| Country of  | legal permanent r  |               |                        |                |          |      |        |
| E-mail (Per | sonal or GMU) —    |               |                        | U.S. Phone     | Number   |      |        |
| U.S. Addres | SS                 |               |                        |                |          |      |        |
|             |                    |               | Street A               | ddress         |          | Apt. | Number |
|             |                    | City/Town     |                        | State          | Zip Code | Cc   | ountry |
| SEVIS ID Nu | ımber (can be fou  | nd on your l- | -20 begins with the le | etter "N")     |          |      |        |
| G Number (  | please include the | e G)          |                        |                |          |      |        |
| Please conf | irm the immigrati  | on documen    | t you are requesting   | ; I-20 (F-1 St | atus)    |      |        |
| Please con  | firm your current  | immigration   | status F-              | 1              |          |      |        |
| Current Se  |                    |               |                        |                |          |      |        |

# **Information About Dependents**

If you have dependent(s) you must show evidence of an additional U.S. \$7,500 per year for your spouse and U.S. \$5,000 for each child. For any **brand new** dependent(s) that need to be added please email us at <u>oipsinto@gmu.edu</u> to let us know because we will need additional information from you.

| I have dependent(s) - please continue below                              |
|--|
| I do not have dependent(s). *If you do NOT have dependent(s) please use  |
| the Certificate of Financial Responsibility (CFR) – INTO Mason – Student |
| without Dependent(s)*  |

#### Dependent #1 Information

Please complete:

| Name             |                  |              |        |       |                          |  |
|------------------|------------------|--------------|--------|-------|--------------------------|--|
|                  |                  | Last         |        | First | Middle                   |  |
| Date of Bir      | th (MM/DD/YYY    | Y)           |        |       | _ Country of Citizenship |  |
| City and co      | ountry of birth  |              |        |       |                          |  |
|                  |                  |              | City   |       | Country                  |  |
| Country o        | f legal permaner | nt residence |        |       |                          |  |
|                  | Spouse           | Male         | Female |       |                          |  |
|                  | Child            | Male         | Female |       |                          |  |
| <u>Dependent</u> | #2 Information   |              |        |       |                          |  |
| Name             |                  |              |        |       |                          |  |
|                  |                  | Last         |        | First | Middle                   |  |
| Date of Bir      | th (MM/DD/YYY    | Y)           |        |       | _ Country of Citizenship |  |
| City and co      | ountry of birth  |              |        |       |                          |  |
|                  |                  |              | City   |       | Country                  |  |
| Country o        | f legal permaner | ntresidence  |        |       |                          |  |
|                  |                  |              |        |       |                          |  |
|                  | Child            | Male         | Female |       |                          |  |

#### **Dependent #3 Information**

| ame                        |                |        |                          |                          |   |  |
|----------------------------|----------------|--------|--------------------------|--------------------------|---|--|
|                            | Last           |        | First                    | Middle                   |   |  |
| ate of Birth (MM/DD/Y      | YYY)           |        |                          | Country of Citizenship   |   |  |
| ity and country of birth   | ۱<br>          |        |                          |                          | _ |  |
|                            |                | City   |                          | Country                  |   |  |
| Country of legal permai    | nent residence |        |                          |                          |   |  |
| Child                      | Male           | Female |                          |                          |   |  |
| pendent #4 Informatio      | <u>n</u>       |        |                          |                          |   |  |
| lame                       |                |        |                          |                          |   |  |
|                            | Last           |        | First                    | Middle                   |   |  |
| ate of Birth (MM/DD/Y      | YYY)           |        |                          | _ Country of Citizenship |   |  |
| ity and country of birth   | ı              |        |                          |                          |   |  |
|                            |                | City   |                          | Country                  |   |  |
| Country of legal permai    | nent residence |        |                          |                          |   |  |
| Child                      | Male           | Female |                          |                          |   |  |
| pendent #5 Informatio      | <u>n</u>       |        |                          |                          |   |  |
| lame                       |                |        |                          |                          |   |  |
|                            | Last           |        | First                    | Middle                   |   |  |
| Date of Birth (MM/DD/YYYY) |                |        | _ Country of Citizenship |                          |   |  |
| City and country of birth  | ۱<br>          |        |                          |                          |   |  |
|                            |                | City   |                          | Country                  |   |  |
| Country of legal permai    | antracidanca   |        |                          |                          |   |  |

Child Male Female

### Funding

The university is required to review your financial documentation prior to issuing an I-20. You must document sufficient funds available for your first year's academic and living expenses and assured sources of support for subsequent years. You are responsible for all payments to the university in accordance with the tuition/fee schedule in effect at the time of your enrollment for each semester of your attendance. **The amounts shown on this form and on your I-20 are estimates only.** Your academic costsmay vary depending on your program of study, the number of credits for which you enroll, and the date you commence study. Your living expenses may vary depending on your housing and lifestyle choices. *All costs are subject to change.* 

## The estimated costs for the 2020-2021 academic year (9 months)<sup>1</sup>

| Estimated Total Costs  | \$58,752      | Varies by program <sup>3</sup>        |
|--|---------------|---------------------------------------|
| Required Medical Insurance   | \$3,000       | \$3,000                               |
| Living Expenses (room, board, transportation, and personal expenses) | \$17,628      | \$21,648                              |
| Tuition and Fees   | \$38,124      |                                       |
|  | Undergraduate | Graduate<br>(18 credits) <sup>2</sup> |

<sup>1</sup> If you plan to live in the United States for the full year (12 months), please plan for 33 percent higher living expenses.

<sup>2</sup> Students in F-1 status are required to enroll full time during each fall and spring semester, but are not required to enroll for summer. The tuition costs shown are based on minimum enrollment for nine months (fall/spring) of study and do not include summer tuition. Living expenses are shown for 9 months.

<sup>3</sup> Tuition figures listed are estimates and are subject to change. Tuition rates are set annually in late spring for the following academic year.

Some programs may charge tuition at a higher rate. We reserve the right to request additional documentation if necessary prior to issuing your I-20 form. The latest tuition rates, listed by program, can be found at studentaccounts.gmu.edu/tuition-fees.

Note: Tuition may vary for graduate students holding assistantships. Stipends and benefits are determined by each academic department. You may use your stipend as partial proof of financial support. Please refer to your offer letter for award details and include a copy of the letter with this form.

Continue below:

## **Sources of Funding**

You must document your sources of funding for the full term of your study at George Mason University. The funds for the first year must be guaranteed, either currently on deposit or documented in a scholarship letter if you are a sponsored student. Funds for the subsequent years must be committed by your sponsor or scholarship source. If you are relying solely on your own personal funds, you must show funding on deposit for the full term of your study. Bank statements may include checking or savings accounts, certificates of deposit, or money market accounts. We do not accept real property, corporate assets, or salary letters. Send current (within the previous 6 months) original bank statements and/or letters of support, including the appropriate signatures of the issuing authority. If the source(s) of your support will change after the first year, please explain on a separate sheet. Your handwritten signature is required below.

| Funding Source                            | Amount Per Year in U.S. Dollars | • Students h   |  |
|---|---------------------------------|--|--|
| Personal funding                          |                                 | anticipate e<br>support wh<br>students wi<br>• The payme |  |
| Funding from parent or individual sponsor |                                 |  |  |
| Funding assistance from Mason             |                                 | <u>studentacco</u>                                       |  |
| Government sponsor                        |                                 |  |  |
| Private organization/employer             |                                 |  |  |
| Other                                     |                                 |  |  |
| Total                                     |                                 |  |  |

e:

nolding F-1 visas should not employment as a means of ile at Mason. Employment for th F-1 visas is restricted.

ent schedule is posted on unts.gmu.edu each semester.

Applicant: I certify that the information provided here is correct and complete. I will be responsible for adhering to all university tuition, fees, room and board, and health insurance payment schedules.

|  |                       | Print name: |                                  |               |
|--|-----------------------|-------------|----------------------------------|---------------|
| Signature of applicant<br>MUST BE HANDWRITTEN                                      | Date and place signed |             | Last (family name)               | First         |
| <b>Parent/Sponsor:</b> This is to certify th complete; and the funds are available | •                     |             | cant on this form; it is true, a | accurate, and |
|  |                       | Print name: |                                  |               |
| Signature of parent/sponsor<br>MUST BE HANDWRITTEN                                 | Date and place signed | -           | Last (family name)               | First         |

Relationship to applicant

Address