### 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 <a href="mailto:oipsinto@gmu.edu">oipsinto@gmu.edu</a>.

| 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   | residence     |                       |            |              |                  |      |
| E-mail (Per | rsonal or GMU) $\_$ |               |                       | U.S. Ph    | one Number   |                  |      |
| U.S. Addres | ss                  |               | <u> </u>              |            |              |                  |      |
|             |                     |               | Street A              | Address    |              | Apt. Nur         | nber |
|             |                     | City/Town     |                       | State      | Zip Code     | Count            | ry   |
| SEVIS ID Nu | ımber (can be fou   | ınd on your l | -20 begins with the I | etter "N") |              |                  |      |
| G Number (  | (please include th  | ie G)         |                       |            |              |                  |      |
| Please conf | irm the immigrat    | ion documer   | t you are requestinք  | g I-20 (F- | 1 Status)    |                  |      |
| Please con  | firm your current   | immigration   | status F-             | -1         |              |                  |      |
| Current Se  | mester Level        | Aca           | demic English         | Undergrad  | uate Pathway | Graduate Pathway |      |

## **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 <a href="mailto:oipsinto@gmu.edu">oipsinto@gmu.edu</a> to let us know because we will need additional information from you.

Please complete: 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 Informa | tio | on |
|----------------------|-----|----|
|----------------------|-----|----|

| Name                  |                  |        |                        |  |
|-----------------------|------------------|--------|------------------------|--|
|                       | Last             | First  | Middle                 |  |
| Date of Birth (MM/D   | D/YYYY)          |        | Country of Citizenship |  |
| City and country of b | oirth            |        | Country                |  |
|                       |                  | City   | Country                |  |
| Country of legal perr | manent residence |        |                        |  |
| Spous                 | e Male           | Female |                        |  |
| Child                 | Male             | Female |                        |  |
| Dependent #2 Inform   | ation            |        |                        |  |
| Name                  |                  |        |                        |  |
|                       | Last             | First  | Middle                 |  |
| Date of Birth (MM/D   | D/YYYY)          |        | Country of Citizenship |  |
| City and country of b | pirth            |        |                        |  |
|                       |                  | City   | Country                |  |
| Country of legal perr | manent residence |        |                        |  |
|                       |                  |        |                        |  |
| Chil                  | ld Male          | Female |                        |  |

| Name                     | <u> </u>       |        |       |                        |  |
|--------------------------|----------------|--------|-------|------------------------|--|
|                          | Last           |        | First | Middle                 |  |
| Date of Birth (MM/DD/    | YYYY)          |        |       | Country of Citizenship |  |
| City and country of birt | :h             |        |       |                        |  |
|                          |                | City   |       | Country                |  |
| Country of legal perma   | nent residence |        |       |                        |  |
| Child                    | Male           | Female |       |                        |  |
| Dependent #4 Information | <u>on</u>      |        |       |                        |  |
| Name                     |                |        |       |                        |  |
|                          | Last           |        | First | Middle                 |  |
| Date of Birth (MM/DD/    | YYYY)          |        |       | Country of Citizenship |  |
| City and country of birt | :h             |        |       | _                      |  |
|                          |                | City   |       | Country                |  |
| Country of legal perma   | nent residence |        |       |                        |  |
| Child                    | Male           | Female |       |                        |  |
| Dependent #5 Information | <u>on</u>      |        |       |                        |  |
| Name                     |                |        |       |                        |  |
|                          | Last           |        | First | Middle                 |  |
| Date of Birth (MM/DD/    | YYYY)          |        |       | Country of Citizenship |  |
| City and country of birt | :h             |        |       |                        |  |
|                          |                | City   |       | Country                |  |
| Country of legal perma   | nent residence |        |       |                        |  |
|                          |                |        |       |                        |  |

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 2022-2023 academic year (9 months) <sup>1</sup>

|  | Undergraduate | Graduate<br>(18 credits) <sup>2</sup> |
|--|---------------|---------------------------------------|
| Tuition and Fees   | \$38,279      |                                       |
| Living Expenses (room, board, transportation, and personal expenses) | \$20,411      | \$34,358                              |
| Required Medical Insurance   | \$3,900       | \$3,900                               |
| Estimated Total Costs  | \$62,590      | Sum of the costs <sup>3</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.

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:

<sup>&</sup>lt;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>&</sup>lt;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.

### **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.

Please note:

| Funding Source  | Amount Per Year i  | n U.S. Dollars   | • Students holding F-1   |                          |
|---|--------------------|------------------|--|--------------------------|
| Personal funding  |                    |                  | anticipate employmen<br>support while at Maso<br>students with F-1 visas | n. Employment for        |
| Funding from parent or individual spons   | or                 |                  | • The payment schedul  | e is posted on           |
| Funding assistance from Mason   |                    |                  | studentaccounts.gmu.e  | <u>au</u> each semester. |
| Government sponsor  |                    |                  |  |                          |
| Private organization/employer   |                    |                  |  |                          |
| Other   |                    |                  |  |                          |
| Т   | otal               |                  |  |                          |
| plicant: I certify that the information prov<br>s, room and board, and health insurance p |                    | plete. I will be | responsible for adhering to a  | II university tuition,   |
|   |                    | Print name:      |  |                          |
| Signature of applicant Date MUST BE HANDWRITTEN   | e and place signed |                  | Last (family name)   | First                    |
| ent/Sponsor: This is to certify that I have nplete; and the funds are available and w     |                    | ed by the applic | cant on this form; it is true, ac  | ccurate, and             |
|   |                    | Print name:      |  |                          |
| ignature of parent/sponsor Dat<br>MUST BE HANDWRITTEN                                     | e and place signed |                  | Last (family name)   | First                    |
|   |                    |                  |  |                          |

Address

Relationship to applicant