



Current international students in J-1 status must complete this form before a new DS-2019 can be issued for any update that involves submitting proof of finances.

Section 1. Personal Information

1. Surname/Family Name (as it appears on your passport): _____
2. Given Name/First Name (as it appears on your passport): _____
3. Date of Birth: _____

Section 2. Expense Calculation

Using expenses table in Section 4, please complete the following

1. I will be a: ☐ Undergraduate living on campus ☐ Undergraduate living off campus ☐ Graduate student
2. I must show funding for the remainder of my program, which is expected to be _____ months (see semester durations in section 4A).
3. My estimated expenses will be (take monthly expense rate from section 4A multiplied by the number of months listed in question #2 above): \$ _____
4. My estimated dependent expenses will be (take monthly dependent expense rate from section 4B multiplied by the number of months listed in question #2 above): + \$ _____
5. My estimated **total** expenses will be (add #3 + #4): = \$ _____

Section 3. Funding Sources

Complete the chart below and indicate the sources of funding you will use to cover the cost of your expenses. This form will not be accepted without supporting documentation.

Funding Sources	Amount	Acceptable Documentation
Personal funds	\$ _____	<input type="checkbox"/> Bank Letter <input type="checkbox"/> Bank Statement (Savings/Checking account) <input type="checkbox"/> Certificate of Deposit (CD) Statement (maturity date must be prior to the start of the admitted term) <input type="checkbox"/> Line of Credit Letter
Parent, family member and/or friend's funds	\$ _____	<input type="checkbox"/> Bank Letter <input type="checkbox"/> Bank Statement (Savings/Checking account) <input type="checkbox"/> Certificate of Deposit (CD) Statement (maturity date must be prior to the start of the admitted term) <input type="checkbox"/> Line of Credit Letter
Approved scholarship, grant, or award	\$ _____	<input type="checkbox"/> Official Award Letter (must include the total amount of funding and the period of time for which the funding is guaranteed)
Business sponsorship	\$ _____	<input type="checkbox"/> Sponsorship Letter and bank statement from business (must include the total amount of funding and the period of time for which the funding is guaranteed)
Approved student loan	\$ _____	<input type="checkbox"/> Loan Approval Letter
Graduate Assistantship	\$ _____	<input type="checkbox"/> GA Offer Letter
TOTAL	\$ _____	This total must at a minimum equal the value as your estimated first academic year total expenses.



Additional Funding Source Documentation Requirements:

- Only acceptable forms of documentation are permitted.
- All sources must be readily available funds.
- All letters must be printed on official letterhead from the institution/agency issuing the document and signed.
- All documentation must be dated within 3 months of the date this form is submitted to International Student and Scholar Services (ISSS).
- Documents can be original or scanned/imaged originals. Only .pdf or .doc file types will be accepted.
- If documentation is not in English, an official English translation must also be attached.

Section 4. Estimated Expenses

A) Student Expenses

J-1 students must have enough funds to cover the cost of educational and living expenses for the duration of their program. The charts below show the estimated cost of expenses and the semester durations. You must provide proof of finances for the remainder of your program. The amount of time remaining in your program is based upon the date you are submitting this form, not on the end date of your current DS-2019. Students beginning or ending their programs during a summer semester must include summer expenses in their estimate.

Expenses*	Undergraduate living on campus	Undergraduate living off campus	Graduate
Exchange Student monthly expenses** NOTE: Figures reflect a full tuition waiver	\$2,227	N/A	\$2,120
Non-Exchange Student monthly expenses	\$4,571/***\$4,893	\$4,783/***\$5,105	\$4,315

* Expenses are based upon full-time enrollment (12 credits for undergraduates, 9 credits for graduates). Expenses are calculated based upon the most current academic year Cost of Attendance Tables and Tuition Rate Tables. Summer expenses are based upon 6 credits and a 3-month prorated value for living and other expenses. Actual expenses may vary. **Exchange students are studying at ISU based upon an official exchange agreement with their home institution. ***Use this figure if you are in the College of Business, Mennonite College of Nursing, Computer Science, or Cyber Security.

Semester/Term***	Duration
Summer	3 months
Fall/Spring	4.5 months
Fall/Spring + Summer	7.5 months

Semester/Term***	Duration
Fall + Spring	9 months
Fall + Spring + Summer	12 months
More than 12 months	Calculate months by adding corresponding durations

***Students submitting this form after the second half of the semester should not include the current semester in their calculations.

B) Dependent Information and Expenses

- ☐ I will not bring dependents (spouse/children) (skip to next page)
- ☐ I will bring the following individuals (spouse/children) with me as J-2 dependents:

Name (as it appears on passport)	Relationship	Date of birth	Country of birth	Country of citizenship

Students who have J-2 dependents must cover the cost of living expenses for their dependents. The chart below shows the estimated **monthly** expenses for dependents based upon the Living Wage Calculator estimates for McLean County, IL.

Spouse	Spouse + Children	1 Child (no spouse)	2 Children (no spouse)	3 Children (no spouse)	4 Children or more (no spouse)
\$1,573	\$1,573 + \$714 per child	\$2,565	\$3,983	\$5,866	\$5,866 + \$1,955 per addl child



Section 5. Sponsor Verification

Only complete this section if a parent, family member or friend is listed in the Section 3 as a funding source. Otherwise, skip this section and proceed to Section 6.

Sponsor 1

_____	\$ _____	_____
Last Name, First Name	Funding Amount in USD	Relationship to applicant

Address (Building Number, Street, Apartment Number)		
_____	_____	_____
City	Province	Postal Code
_____	_____	_____
Email	Telephone	

Sponsor Verification

I hereby certify that I agree to provide the funding amount specified above for the educational expenses of the above-named student for all years of study at Illinois State University, and that I will provide acceptable documentation as proof of these funds. I understand that tuition and fees are subject to change yearly without prior notice.

_____	_____
Sponsor Signature	Date (MM/DD/YYYY)

Sponsor 2

_____	\$ _____	_____
Last Name, First Name	Funding Amount in USD	Relationship to applicant

Address (Building Number, Street, Apartment Number)		
_____	_____	_____
City	Province	Postal Code
_____	_____	_____
Email	Telephone	

Sponsor Verification

I hereby certify that I agree to provide the funding amount specified above for the educational expenses of the above-named student for all years of study at Illinois State University, and that I will provide acceptable documentation as proof of these funds. I understand that tuition and fees are subject to change yearly without prior notice.

_____	_____
Sponsor Signature	Date (MM/DD/YYYY)

Section 6. Applicant Verification

Applicant Verification

I certify that the information on this form and in any other supporting documentation, bank statements, letters, etc. are true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute grounds for denial of my request and may jeopardize my visa status.

_____	_____
Applicant Signature	Date (MM/DD/YYYY)