## Financial Declaration 2017-2018 International Graduate Students

## **Master of Business Administration**

Jones Graduate School of Business Rice University

Under U.S. law, the university must have certain information, including evidence of adequate financial resources, before issuing an I-20 form (for a student F-1 visa) or a DS-2019 (for an exchange visitor J-1 visa). Please complete this form and return it with the requested documentation when accepting Rice's offer of admission. Keep copies of all financial documents submitted, as you will need to present the same information to the U.S. consulate or embassy when obtaining a visa, and you may be requested to show it again when you pass through Immigration inspection coming into the U.S.

Name (as written on passpo							
	Family	First	Middle				
Date of Birth	Place of Birth						
Month/Day/	Year	City	Country				
Country of citizenship	Country of legal permanent residence						
Present occupation	Name of school or business						
Email Address	Coming to the U.S.  Alone With spouse With children						
	oe accompanied by dependents, please giv n page 2 of this form, so they can be issue						
Type of visa desired: ☐ F-	1 Student Visa	itor Visa					
$\square$ I <u>have</u> $\square$ I <u>have not</u>	been enrolled previously in an educa	tional institution in the	U.S.				
Institution	Degree						
Date entered	Date departed	Still in U.S.?					
Estimate of expenses for one							
	*\$55,500 \$3,304 \$978 \$2,000 \$2,600 \$13,275 \$2,565 \$2,660 \$2,925 **\$85,807  in the table below with the amounts and pradices are found you for at least one year and process are found you for at least one year and year an						
Personal Funds – attach offic		\$					
Family Funds – attach bank st includes the	\$						
Personal Sponsor – attach bar includes	\$						
Other Source(s) – please spe	\$						
			\$				
TOTAL			\$				
in order to obtain an entry doc	ation is correct, and I am supplying suppor ument. I understand that tuition, fees, and ot be held responsible for unforeseen diffic	health insurance must be	paid prior to registration at Rice				
Signature			Date				

Revised 2/22/2017 - sdm

Foreign Address: (This is your physical perman	ent address in yo	our home count	ry – no post office	box or universi	ty address)
Street					
City State/	Province		Country		Postal Code
Mailing Address: (if different from address about documents)	ve – please enter	the address wh	nere you would lik	e to receive you	r immigration
Street					
City State/	Province	Country		Postal Code	
<b>Dependents information:</b> (please complete the to the U.S.)	following inform	mation for each	of your dependen	its that will be ac	companying you
Dependent #1: ☐ Spouse ☐ Child			Male	Female	
Name (as written on passport-attach copy)					
Traine (as wreater on passport anaere copy)	Family		First		Middle
Date of Birth Place of Birth Month/Day/Year					
Month/Day/Year		City	(	Country	
Country of citizenship	Country	of legal perma	nent residence		
Dependent #2: ☐ Spouse ☐ Child			Male	Female	
Name (as written on passport-attach copy)					
	Family		First		Middle
Date of Birth Place of Birth Month/Day/Year		City		Country	_
Monny Duy, Tear		City	`	Country	
Country of citizenship	Country	of legal perma	nent residence		
Dependent #3: ☐ Spouse ☐ Child			Male	Female	
Name (as written on passport-attach copy)					
	Family		First		Middle
Date of Birth Place of Birth Month/Day/Year		City		Country	_
Month/Day/Year		City	(	Country	
Country of citizenship	Country	of legal perma	nent residence		
Dependent #4: ☐ Spouse ☐ Child			□ Male	Female	
Name (as written on passport-attach copy)	Equil.		First		Middle
					miaale
Date of Birth Place of Birth Month/Day/Year		City		Country	<u>-</u>
	~	61 1		•	
Country of citizenship	Country	of legal perma	nent residence		