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All international applicants to Washington State University, including applicants with graduate assistantships, must complete this form
and submit it to the Graduate School using the contact information provided.

1.	NAME (as shown on passport):			
		Last (Family/Surnam	e) First (Given)	Middle (if a
2.	CURRENT MAILING ADDRESS: (Le	ocation where you receiv	ve mail and where your WSU I-20/ DS-201	9 will be sent):
3.	PERMANENT HOME COUNTRY M	IAILING ADDRESS (no PO	Boxes please):	
1.	EMAIL:			
5.	DATE OF BIRTH (MM/DD/YY):			
5.	GENDER (check): Male	Female		
<i>.</i>	COUNTRY OF LEGAL PERMANENT	RESIDENCE (if applying f	or a J-1 Visa):	
3.	COUNTRY OF CITIZENSHIP:			
).	PROPOSED DEGREE (check):	Master's	Doctorate (Ph.D.)	
LO.	MARITAL STATUS (check):	Married	Single	
1.	WILL ANY OF YOUR DEPENDENT	S (spouse and/or childre	n) COME TO THE US WITH YOU? (check):	Yes
				SECOND PAGE IF NEEDED*

Last (Family) Name / First Name / Middle Name	Relationship	Gender	City & Country of Birth	Country of Citizenship	Date of Birth (MM/DD/YY)
Last (Family) Name / First Name / Middle Name	Relationship	Gender	City & Country of Birth	Country of Citizenship	Date of Birth (MM/DD/YY)
Last (Family) Name / First Name / Middle Name	Relationship	Gender	City & Country of Birth	Country of Citizenship	Date of Birth (MM/DD/YY)
13. ARE YOU CURRENTLY IN THE UNITED	STATES? (check):		Yes	No	

If you answered Yes, complete parts A, B, C, D

If you answered No, please complete Parts D, E (and F, if J-1)

A. VISA CLASSIFICATION (Please attach a photocopy of your current visa document): (At the time of review applicants will upload their VISA/Passport in Oracle) Student (F-1)

Exchange Visitor/Student (J-1)

Other, please indicate visa type here:	

B. NAME OF INSTITUTION YOU ARE ATTENDING IF YOU HOLD A STUDENT VISA:

C. IF YOU CURRENTLY HAVE A VISA, DO YOU WISH TO REMAIN IN THIS TYPE OF VISA STATUS: (check): Yes

D. PLEASE ATTACH A PHOTOCOPY OF YOUR PASSPORT IDENTIFICATION PAGE AND THE SAME FOR EACH DEPENDENT.

E. PROVIDE A LEGAL COPY OF ALL DEPENDENTS PASSPORTS

F. WHAT VISA TYPE DO YOU EXPECT TO RECEIVE? (check): Student (F-1) Exchange Visitor/Student (J-1)



washington state university Graduate School

Graduate School Washington State University PO Box 641030 Pullman, Washington 99164-1030 Email: gradschool@wsu.edu Phone: 509-335-6424

NAME (as shown on passport): Last (Family/Surname)	First (Given)	Middle (if any)	
14. Estimate of Cost Table above, DURING YOUR PROGRAM OF		AMOUNT OF MONEY AND THE SOURCE	S OF YOUR FINANCIAL SUPPORT	
Personal Savings:	0	sued in English with date account opene re than nine (9) months old before the t		\$
Parent or Sponsor:	Same as above plus th	e Affidavit of Support section completed	d below.	\$
Government/Sponsoring Agency:	Original award letter			\$
Washington State University:	Copy of award letter of	or source of anticipated support		\$

AFFIDAVIT OF SUPPORT

To be completed by a parent, family guarantor, or applicant even if support is personal funds.

I hereby certify that I am willing and able and that I do pr	per year payable in U.S. dollars for educational expenses		
of (student's name)	, who is my (relationship)	while at WSU.	
Documentation of my financial resources is attached to	this affidavit of support.		
Signature of Sponsor	Name of Sponsor (printed)		
Address of Sponsor	Date		
NOTE: By signing this affidavit of support form, I certify that the above information on this form is true and correct.			

15. CERTIFICATIONS AND SIGNATURES

I certify that all statements on the Certification of Finances form are true and accurate information and that the stated funds are available for my education expenses at Washington State University during the period specified. I will notify WSU of any changes in my financial circumstances. Furthermore, I understand that the information I have provided cannot be given to anyone except me without my written permission. I also confirm that the current mailing address listed is a location where I, personally, receive mail.

Student Signature (required)

Date