



Office of Admissions
 Oregon State University, 104 Kerr Admin Bldg., Corvallis, OR 97331 USA
 Phone: 541-737-4411 or 1-800-291-4192 Fax: 541-737-2482
 web: <http://oregonstate.edu/Admissions/international>
 e-mail: intladmit@oregonstate.edu

INTERNATIONAL UNDERGRADUATE STUDENT CERTIFICATION OF FINANCES FORM 2009-10

All international applicants to Oregon State University must complete this form and return it to the Office of Admissions (address above).

Please type or print carefully.

1. LEGAL NAME: _____

Last (Family)
First
Middle (If any)
2. GENDER: Male Female _____
3. CURRENT MAILING ADDRESS: _____
4. HOME COUNTRY MAILING ADDRESS: _____
5. PHONE: (____) _____ 6. EMAIL: _____
(Country and City Code)
7. DATE AND PLACE OF BIRTH: _____
(MM/DD/YY) City Country
8. COUNTRY OF CITIZENSHIP: _____ 9. COUNTRY OF LEGAL RESIDENCE: _____
10. PROPOSED DEGREE: Bachelor's Post Baccalaureate
11. PROPOSED FIELD OF STUDY: _____ 12. MARITAL STATUS: Married Single
13. WILL ANY OF YOUR DEPENDENTS (SPOUSE AND/OR CHILDREN) COME TO THE U.S. WITH YOU? Yes No
 If yes, how many? _____
14. PLEASE PROVIDE INFORMATION FOR EACH DEPENDENT (SPOUSE AND/OR CHILDREN):

Last / First / Middle Name	Relationship	City & Country of Birth	Country of Citizenship	Date of Birth (MM/DD/YY)

15. ARE YOU CURRENTLY IN THE UNITED STATES? Yes No If you answered Yes, complete parts A, B, and C.
 If you answered No, please proceed to Part D.

- A. Visa Classification
- Student (F-1) I-20 Expiration Date: (line5) _____
 - Exchange Visitor/Student (J-1) DS-2019 Expiration Date: (box 3) _____
 - Other (please specify, including expiration date): _____

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: Yes No
 In either case, please attach a copy of your current I-20, DS-2019 or I-94 to this form.

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

