



Graduate School  
 Oregon State University, 300 Kerr Admin Bldg., Corvallis, OR 97331 USA  
 Phone: 541-737-4881 or 1-877-648-0088 Fax: 541-737-3313  
 web: <http://oregonstate.edu/Admissions/international>  
 e-mail: [graduate.admissions@oregonstate.edu](mailto:graduate.admissions@oregonstate.edu)

## INTERNATIONAL GRADUATE STUDENT CERTIFICATION OF FINANCES FORM 2009-10

All international applicants to Oregon State University, including applicants for graduate assistantships, must complete this form and return it to the Graduate School (address above).

Please type or print carefully.

1. LEGAL NAME: \_\_\_\_\_  
Last (Family) First Middle

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:  Master's  Doctoral  Graduate Certificate

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.**

