

# INTERNATIONAL STUDENT DECLARATION OF FINANCES

**PART A:**

**CANADA (NON-BORDERING)  
INSTITUTIONAL COSTS FOR ONE ACADEMIC YEAR IN US AMERICAN DOLLARS  
(AUGUST – MAY)  
2010-2011**

<u>BUDGET</u>	ACADEMIC YEAR (AUGUST - MAY)
Tuition	\$ 11495.00
University and Activity Fees	\$ 1089.00
Room & Board	\$ 4719.00
Estimated Books & Supplies	\$ 900.00
<b>TOTAL EXPENSES:</b>	<b>\$ 18203.00</b>
<p><b>This total is an <i>estimate</i> of the costs associated with studying at DSU for one full academic year. All fees are subject to change without prior notice.</b></p>	

**PART D:**



**RETURN TO:** DICKINSON STATE UNIVERSITY  
CENTER FOR MULTICULTURAL AFFAIRS  
291 CAMPUS DRIVE  
DICKINSON, ND 58601  
  
PHONE: (701) 483-2322  
FAX: (701) 483-2831

**PART B:**

**STUDENT'S AVAILABLE FUNDS IN US AMERICAN DOLLARS**

<u>FUND SOURCE</u>	ACADEMIC YEAR (AUGUST - MAY)	REQUIREMENT
Personal money you can contribute for your educational expenses <b><u>each year.</u></b>	\$ (U. S. Dollars)	You must submit an official bank document showing these finances in U.S. dollars.
Sponsor (Institution or Organization)	\$ (U. S. Dollars)	You must submit an official bank document showing these finances in U.S. dollars.
Your Government	\$ (U. S. Dollars)	You must submit an official bank document showing these finances in U.S. dollars.
Relative or Friend	\$ (U. S. Dollars)	You must submit an official bank document showing these finances in U.S. dollars.
DSU Scholarships	\$ (U. S. Dollars)	You must have an award letter from DSU to document these finances
<b>TOTAL FUNDS:</b>	<b>\$</b> (U. S. Dollars)	<b>This amount must be <u>equal or greater than</u> TOTAL EXPENSES listed in PART A</b>

**PART C:** By signing below I certify that the above **TOTAL FUNDS** are available for **each** academic year that I will attend Dickinson State University. I am aware that the tuition and fees listed above are an estimate and are subject to change without notice.

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Please **type** or **print** student's name

\_\_\_\_\_

(Signature of Student)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature of Parent, Guardian, or Sponsor)

\_\_\_\_\_

(Date)