

Financial Certification Academic Year 2025-2026

Applicants holding or requiring an F-1 or J-1 visa are required to provide documentation of financial support before a form I-20 or DS-2019 can be issued. KGI can issue an I-20/DS-2019 to students who have submitted their deposit for enrollment and proved their ability to meet the cost of attending KGI. **Please email the following documents to international@kgi.edu**:

□ Comp	leted	Financial	Certification	Form
--------	-------	------------------	---------------	-------------

- Passport identification page for you and any dependents
- □ Documentation from financial institution(s) showing the availability of the approximate cost of one full academic year as listed on this form.

academic ye	ear as listed on this f	orm.			
INFORMATION	FOR THE FORI	M I-20/DS-2	019		
Family/Surname Name	e (as listed on passport)) First/Given N	lame (as on passport)	Middle Na	me (as on passport)
Gender: Male Male	Female Date of Bi	rth (MM/DD/YYYY	City AND Country	of Birth Cou	ntry of Citizenship
Visa Type Held or Des	sired: F1 J1	Other:	_ Program: CBM	MBS ME	ng MS MSGDA
			MSPA		
I-20/DS-2019 Type:	☐ Initial Entry ☐ Tran	sfer (Provide Tra	ansfer Instructions to Y	our School)	Change of Status
	another school, please p		(on top of I-20; N	,	· · · · · · · · · · · · · · · · · · ·
Last/First/Mi		Date of Birth	ed children under the age City and Country of	Country of	Relationship
(as appears in passport)		(mm/dd/yy)	Birth	Citizenship	(i.e. spouse or child)
Phone Number:		Personal Fm	ail Address:		
	ude country code)	1 01001141 2111	un 7 luur 000.		
	Permanent Foreign Address		ldress	Address to Mail I-20/DS-2019 (if different than permanent)	
Street Line 1 including house number					
Street Line 2					
City					
State/Province					



Postal Code, if any					
Country					
To be completed by <u>J</u>	-1 scholar ap	<u>plicants</u> only. <u>F-</u>	1 and J-1 student	s, please skip to nex	t section.
Semester of arrival in U.S OR-	: Fall	Spring	Summer	Year:	
Specific start date of tenu	re in U.S. (MM/D)D/YYYY):		_	
Employer in Home Country	y:				
KGI department with which	h you will be wor	·king:			
Position at KGI:					
KGI Contact Name & Email	l:				
What will be your exchange	e visitor category	<i>y</i> ?			
Visiting Professo	or. Title of classe	es:			
Research Schola	ar. Specific Field	of research:			
Short-term (one	day to four mon	ths). Activity:			

ESTIMATED COST OF ATTENDANCE

Program	Tuition	Living Expenses*	Health Insurance*	Estimated Total**
MBS, MEng	37,000.00	25,320.00	2,230.00	64,550.00
MS, MSMDE	44,000.00	25,320.00	2,230.00	71,550.00
MSGDA	46,600.00	25,320.00	2,230.00	74,150.00
PhD	33,400.00	25,320.00	2,230.00	60,950.00
PPA	35,400.00	25,320.00	2,230.00	62,950.00
MSPA	55,095.00	25,320.00	2,230.00	82,645.00
PharmD	49,900.00	25,320.00	2,230.00	77,450.00
OTD	43,500.00	25,320.00	2,230.00	71,050.00
J-1 Scholar	N/A	\$2,000 per month	\$100 per month	2,100 per month

^{*} Living Expenses & health insurance are an estimate. Health insurance offered through KGI is approximately \$2,200, but other affordable options are available. Actual cost will vary according to personal arrangements. ** An additional \$5,000 is required for an F-2 spouse and \$4,000 for each F-2 dependent

SOURCE OF FUNDS



Enter the source(s) and amount(s) of your financial support, in U.S. dollars. Attach financial documentation supporting these claims in the form of a checking, savings, or demand deposit account bank statement(s) and/or copies of your financial award(s) from KGI. The bank name, account type (i.e. checking or savings), account holder's name, and account number must be written in English. KGI can conduct currency conversions. If your bank is unable to produce a statement in English they may provide you with a letter verifying the same information. All documents must be no older than 7 months.

Please note that an I-20/DS-2019 cannot be issued based on future earnings (i.e. salary statements) or on funds that are not readily available (i.e. documentation of stock holdings or investment portfolios, credit card statements, etc).

Applicant's Personal Funds		US\$
Family or Individual Sponsor's Fu	unds	
"I guarantee funds in the amount liste	d here will be available to support enrollment at KGI."	
Signature	Date	
Print Name	Relationship to Applicant	
Attach a bank statement in the spon	sor's name. The funds must be readily accessible to you.	US\$
	or Government (attach award letter)	
	specifies the amounts provided for tuition and/or living award. Sponsor companies or organizations may be	us\$
KGI Award (attach award letter, if ap Please note that KGI award letters w list only the first year's funding here	ill list funding for the full length of the program. Please	US\$
Other (please specify):		US\$
Other (please specify):		US\$
TOTAL AMOUNT OF SUPPOR	T (must add up to minimum required on page 2)	US\$
STUDENT CERTIFICATION		
I ATTEST THAT ALL STATEMENTS MADE STATEMENTS ARE ACTUAL AND VALID:	ON THIS FORM ARE TRUE AND ACCURATE AND THAT ALL ACC	COMPANYING FINANCIAL
Printed Name	Signature	 Date