



F-1 International Student Certification of Finances

This original confidential financial certification form must be completed and submitted along with supporting financial documents before a Form I-20 will be issued. Please review page 2 of this form prior to completion.

2026-2027 ESTIMATED EXPENSES AND MINIMUM NEEDED FOR FINANCIAL CERTIFICATION BY START TERM

Below are the 2026-2027 estimated annual expenses for international students. Your supporting financial documents must total the cost as outlined below.

2026-2027	International Cost
Tuition	\$19,200
Fees	\$3,850
Food and Housing	\$10,200
Personal	\$2,458
Supplies	\$298
Transportation	\$1,244
Total	\$37,250

* Fees are subject to change without notice. Due to rising costs, financial planning should allow for a 5 to 10 percent annual increase in living expenses and/or tuition.

STUDENT INFORMATION

Last Name: _____

First name: _____

Middle Name(s): _____ Suffix: _____

Date of Birth (DD/MM/YYYY): _____ Email: _____

TYPE OF VISA REQUESTING:

F-1

Other: _____

IF IN THE U.S., CURRENT STATUS:

F-1

Other: _____

I, _____, certify that the total amount of money (excluding travel funds) minimally available to me for to attend Spartanburg Methodist College is \$ _____ USD.

Please indicate the source of funds in the fields below. Official certification is required for each funding source, including a bank statement, for every source outside Spartanburg Methodist College. If you need more copies, this form may be electronically reproduced.

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available.

BANK OFFICIAL'S SIGNATURE _____

TITLE _____

NAME OF BANK _____

ADDRESS OF BANK _____

DATE _____

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available.

GUARANTOR'S SIGNATURE _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____

DATE _____

I certify that the information provided is true, correct, and complete.

STUDENT'S SIGNATURE _____

DATE _____

All forms can be emailed to admiss@smcsc.edu

If you have any questions, please email admiss@smcsc.edu