



CONFIDENTIAL FINANCIAL STATEMENT – International Students – 2025-26

Central Washington University

Office of International Studies
400 East University Way
Ellensburg, WA 98926-7408
Phone: (509) 963-3612

Email: sevis@cwu.edu

Central Washington University requires verification of adequate finances from applicants with or applying for F1 Visas. A student must be prepared to pay tuition and fees, as well as, charges for living expenses at the beginning of each quarter. If, upon arrival at the university, you do not have the required funds indicated below, it will be necessary for us to notify the Department of Homeland Security that you have failed to meet the requirements for a student visa.

SUMMARY OF EXPENSES FOR SINGLE STUDENT FOR ONE ACADEMIC YEAR* (3 Quarters)

Table with 3 columns: Expense Category, Undergraduate, Graduate. Rows include Tuition and Fees, Housing and Meals, Books and Supplies, Personal Expenses, Health Insurance, and a Total row.

NOTE: All costs subject to change without notice. Housing and meals is based on a shared, on-campus dormitory and medium size meal plan; cost subject to change depending on room and plan selected. Summer session costs will vary by credits taken, and the International Student Scholarship does not apply to the Summer term. * Health insurance is mandatory for all international students. Prices will vary based on plan and provider. Price listed is an estimated cost.

This is to certify that I, _____, have the necessary funds available to me for each academic year that I am in attendance at Central Washington University. These funds come from the following sources:

- List of funding sources with dollar amounts and descriptions: from student's personal savings, from parent(s) or guarantor, from CWU scholarships/waivers, from home government scholarship, from other sources.

Student's Signature

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge. I will have available to me the full amount reported above for the first year of study and understand that it is my responsibility to cover any fees associated with the transfer of funds. I will also have adequate funds available for subsequent years.

Signature of Student Student ID or Date of Birth Date

Parent or Guarantor's Signature (Must be signed by parent or guarantor)

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge. I will have available to me the full amount reported above for the student's first year of study. I will also have adequate funds available for subsequent years. I certify that any restriction on the transfer of funds will not prevent the funds from being made available during the student's projected stay in the U.S.

Guarantor's Signature Relationship to Student Date

Guarantor's Name (printed)

Address

Name and Address of Bank**

**Verification of financial ability must be documented by a certified statement from the applicant's and/or guarantor's bank(s) or bank statement on official bank letterhead. The letter or bank statement must be dated and may be no more than 90 days old at the time of receipt.