



# Visa Request Form

## For international students admitted to Ohio State

**Use this form if you are admitted to a bachelor's program and are requesting F-1 or J-1 status.** The financial documents you submit allow Ohio State to verify the availability of adequate funding for tuition, fees and living expenses for the duration of your studies, a requirement of the U.S. government. **Find examples of how to complete this form at [undergrad.osu.edu/intl-admitted](https://undergrad.osu.edu/intl-admitted).**

### A

Identify your funding sources:

- For personal (or self-funded) sources, complete the **Student Information and Declaration** section and follow directions in the **Personal Support** section.
- For agency sources, complete the **Student Information and Declaration** section and follow directions in the **Agency Sponsorship** section.

### B

Submit a copy of this form for **each** of your funding sources.

In addition, each personal source of support must submit bank statement(s) or personalized bank letter(s) verifying that funds are immediately accessible.

### C

The Visa Request Form(s) you submit must certify that adequate funds will be available throughout your entire length of study at Ohio State (at least four years; see estimated costs below). *However, the bank deposit documents you submit, when combined, need only show available funding for your first year.*

## Student Information and Declaration (section required)

Name as it appears on your passport:

|  |                                |                               |
|--|--------------------------------|-------------------------------|
| First/given name   | Middle name                    | Last name/family name/surname |
| OSU ID   | Date of birth (month/day/year) |                               |
| Country of citizenship   | Country of residence           |                               |
| Location of birth (Enter a municipality, city, town or village name. Region, district or province names will not be accepted.) | Country of birth               |                               |
| Do you currently hold an <b>Active</b> F-1 SEVIS record? <input type="checkbox"/> Yes <input type="checkbox"/> No              |                                |                               |
| Do you currently hold an <b>Active</b> J-1 SEVIS record? <input type="checkbox"/> Yes <input type="checkbox"/> No              |                                |                               |
| If yes, which institution issued the Form I-20 or DS-2019? _____   |                                |                               |

### Student Declaration

I hereby promise that the information provided on this form is correct and complete. I understand that I am ultimately responsible for all expenses associated with my stay in the United States.

Student's signature (sign by hand in ink) \_\_\_\_\_ Date of signature (month/day/year) \_\_\_\_\_

## Personal Support (family, friend or self)

**Each source of personal support must submit bank statement(s) or personalized bank letter(s) verifying that funds are immediately accessible.**

- Ask each funding source to complete the **Certificate of Support from Personal Sources** section at the top of the next page and to provide an official bank statement(s).

Bank statement guidelines:

- The account holder's name must be translated on the original document (not handwritten in).
  - The account holder must be the same person completing the **Certificate of Support from Personal Sources** section.
  - Documents must be dated no more than 12 months prior to the date classes begin for the desired term of enrollment (see class start dates at [go.osu.edu/bigcal](https://go.osu.edu/bigcal)).
  - Amount of funds on deposit and currency type must be specified. (See C. above.)
  - Bank statements must be in English; translations must be signed and sealed by a bank official.
- Upload your form(s) and bank document(s) using our uploader tool at [go.osu.edu/upload](https://go.osu.edu/upload) (you'll need to log in with your Ohio State username and password).

### Estimated annual expenses for a single student living alone (without family) in the United States

The amounts below represent estimated fees in effect autumn 2023 through spring 2024 for most programs; costs are subject to change without notice.

*Costs listed are for an academic year (two semesters/nine months).*

|                                       |          |
|---------------------------------------|----------|
| Average tuition and fees <sup>1</sup> | \$41,293 |
| Housing and food <sup>2</sup>         | \$14,272 |
| Books and supplies                    | \$1,030  |
| Health insurance <sup>3</sup>         | \$3,592  |
| Personal misc. expenses               | \$3,738  |

**Total estimated expenses for one year of study \$63,925**

Tuition and fees may vary by major, college and area of study. The university reserves the right to assess fees for special services and programs applicable to students. In 2024–2025 and beyond, students should plan for a 5 to 10 percent annual increase for all costs.

- Includes an International Undergraduate Student Fee of \$1,464 per semester, assessed to provide academic and support services for international students.
- Cost of the most popular room and meal plan combination; your cost may vary.
- Health insurance is required for international students.

### Additional estimated annual expenses for family member(s) accompanying the student to the United States.

#### Living expenses (nine months)

|            |          |
|------------|----------|
| Spouse     | \$10,806 |
| Each child | \$5,403  |

#### Health insurance (nine months)

|                              |          |
|------------------------------|----------|
| Student + spouse or child    | \$7,184  |
| Student + 2 or more children | \$10,776 |
| Spouse and family            | \$14,369 |

## Certificate of Support from Personal Sources

If all support is coming from personal sources, please check ONE:

- ☐ I certify that I will provide FULL FINANCIAL SUPPORT for the student's educational and living expenses for the entire length of study at The Ohio State University.
- ☐ I certify that I am self-supported; I will provide FULL FINANCIAL SUPPORT for my educational and living expenses for the entire length of study at The Ohio State University.

If personal support is in addition to an athletic scholarship, please read and check both boxes to indicate your certification of support:

- ☐ I will provide partial support in combination with the student's athletic scholarship for their education and living expenses for the first year of study at The Ohio State in the amount of USD\$ \_\_\_\_\_.
- ☐ In addition, I certify that I will be responsible for any educational and living expenses not covered by the student's athletic scholarship for this and all subsequent years of study at The Ohio State University.

*Note: The Athletics department will submit your funding information. You do not need to submit your award letter.*

Check if appropriate:

- ☐ I will provide full financial support for a spouse and/or children accompanying the student to the United States (see costs on page 1).

Sponsor's family name/surname

First/given name

Middle name

Relationship to student

Sponsor's signature (sign by hand in ink)

Date of signature (month/day/year)

## Agency Sponsorship (government, educational institution, organization, corporation or employer)

If funding is coming from an agency:

- For each agency sponsor, submit a copy of this Visa Request Form **AND** either a letter of sponsorship in English that details the terms and amount of your award **OR** the completed **Certificate of Support from a Funding Agency** section below.
- Upload your forms using our uploader tool at [go.osu.edu/upload](https://go.osu.edu/upload) (you'll need to log in with your Ohio State username and password).

## Certificate of Support from a Funding Agency

We, \_\_\_\_\_ (name of sponsor), hereby certify that we will provide full financial sponsorship associated with tuition, fees, books, health insurance and living expenses for \_\_\_\_\_ (student's name) and, if applicable, health insurance and living expenses for spouse and children for the entire length of study at The Ohio State University. Study is approved for \_\_\_\_\_ (degree) in \_\_\_\_\_ (field of study). Funding is effective for the entire length of study starting \_\_\_\_\_ (term: for example, autumn 2024).

Official title

Office or division

Address where tuition/fees will be billed, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (sign by hand in ink)

Date (month/day/year)

Official seal/stamp of  
funding institution  
**REQUIRED**