Review the following I-20 cost estimates and indicate the sources of income with which you plan to pay for your education in the Graduate School of Theology at Oklahoma Christian University.

family name / surname  first / given name  middle name(s)

I-20 Cost Estimates For The Graduate School of Theology, 2013-2014

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Tuition (18 hours)</td>
<td>$7,200 Two 15 week semesters, nine hours/semester, $400/hour</td>
</tr>
<tr>
<td>Books</td>
<td>$1,000 Estimate for two semesters</td>
</tr>
<tr>
<td>Estimated actual cost</td>
<td>$8,200 Estimated costs for one year</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$6,000</td>
</tr>
<tr>
<td>Amount indicated on I-20</td>
<td>$14,200 Amount indicated on the I-20</td>
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</table>

• Summer tuition and costs are not included in the above cost estimates.
• OC student health insurance is optional, costs $1,163 for one year, and is not included in the above cost estimates.

How do you plan to provide funds?
1. Please write below the amount in U.S. dollars available from you, your family, Oklahoma Christian University or another source.

   Personal funds of student
   Family funds
   Guaranteed institutional scholarship from GST
   Other confirmed scholarships from GST $135 per credit hour $2,430
   Specify type
   Funds from another source
   Specify type
   TOTAL (Must be equal to or more than I-20 amount)

2. Send an original bank statements or original bank letters that show a balance of at least $14,200. If your funds will be provided from “another source,” you must send an Affidavit of Support from that source stating that they are willing to pay and have the ability to pay. That source must send their original bank statements or letters. (Download Affidavit of Support from www.oc.edu/gst-admissions) This financial documentation must be in U.S. dollars. All bank statements and letters should be in English, and notarized or officially sealed.

When to pay?
The full amount per semester is due on or before the first day of classes each semester. Other living expenses and health insurance are in addition to this cost.

By my signature below I agree to pay the full amount at the beginning of each semester enrolled.

Applicant’s Signature  Date

Applicant’s Printed Name