



CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407-2397 U.S.A.

Affidavit of Financial Support

The **Affidavit of Financial Support** must be completed and submitted as part of the Application for Admission. The possibilities for financial assistance to international students at CSUSB are, unfortunately, very limited. Federal government guidelines exclude international students on nonimmigrant visas from being eligible for aid through the CSUSB Financial Aid Office.

Last Name (Family Name) (First Name) (Middle Name)

Address _____

The following suggested budget indicates basic expenses. It is important to note that these amounts will vary depending on the student's desires and economic resources. The university does not guarantee these cost estimates; changes may occur without notice.

Expenses	Undergraduate and graduate
Tuition at \$164 per unit (36 units/3 quarters)	\$5,904
Registration Fees (3 quarters)	1,816
Books and Supplies	900
Room and Meals (3 quarters)	4,380 (double occupancy)
Health Insurance (3 quarters)	562
Other expenses (including transportation and personal expenses)	2,400
TOTAL	\$15,962

Dependent Information

If your spouse or children will accompany you to the United States, you must provide proof of additional funding of \$1,350 for a spouse and \$900 per child per 3 quarters in order for their names to be listed on your I-20. For example, if you bring your spouse and one child, you will need to provide proof of \$15,962+\$1,350+\$900 = \$18,012 to be noted below on this form. Please list below the names of dependents accompanying you to the United States:

<u>Last Name</u>	<u>First Name</u>	<u>Relation</u>	<u>Country of Birth</u>	<u>Country of Citizenship</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Financial Support

You must furnish verification for financial support for the entire academic year. Complete any of the three sections below that are applicable. Give all amounts in U.S. dollars. If there is more than one sponsor or bank in any category, you must attach all other letters, signatures and certificates (originals only).

Personal Support: My personal financial resources at this time are \$_____ (U.S. Dollars).

Certified By Bank Official:

<p style="text-align: center;">Official Bank Seal or Stamp</p>	<p>I certify that the current balance, in the applicant's account(s) at this bank is \$_____ (U.S. Dollars) on _____ (Date).</p> <p>Signature of Bank Official: _____</p> <p>Print Name/Title: _____</p> <p>Name of Bank: _____</p> <p>Address: _____</p>
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Private Support/Sponsor: I guarantee, without reservation, to support the educational costs and living expenses, including tuition fees, books and supplies, room and board, health insurance, medical or emergency expenses, travel, and other miscellaneous expenses, for (print name of student) _____ while he/she is enrolled at California State University, San Bernardino. I also agree to furnish additional support for this student's dependents as listed previously on this form or any others that may later come to the United States. I further guarantee that the student will not become a public charge during his/her stay in U.S.

Sponsor's Signature: _____ Date _____

Sponsor's Name (Print): _____

Relationship to Applicant (Print): _____

Address: _____

Certified By Bank Official:

I certify that the sponsor named above has a balance in their account of \$ _____ (U.S. Dollars) on: _____ (Date).

Official Bank Seal Or Stamp:

Signature of Bank Official: _____

Print Name/Title: _____

Name of Bank: _____

Address: _____

Government, Foundation Agency or Corporate Fellow Support: Please submit this form to the agency providing your financial support for certification of the required information or instruct the agency to send a letter to the International Student Admission Office at California State University, San Bernardino specifying the amount of the award, period of support, and any condition or terms that pertain.

Agency Name: _____

Address: _____

I certify that the agency named above will provide the applicant the equivalent of \$ _____ (U.S. Dollars) per year for the duration of his/her studies.

Signature of Agency Official: _____ Date: _____

Print Name: _____ Title: _____

Address: _____

Certification By Applicant

The above information is complete and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____