

## AFFIDAVIT OF FINANCIAL SUPPORT

If you wish to be in F-1 visa status as a student admitted to CSUN, you are required to **complete page 2** of this form and provide supporting financial documents to demonstrate your ability to pay all tuition, living expenses and health insurance for the first year of your academic program.

Download and save this fillable form **before** entering all the required information. Print the completed form and collect the required signatures. Then scan the completed form and upload it to your Cal State Apply application or the CSUN Portal.

### DOCUMENTATION REQUIREMENTS

1. Your documents must be dated **October 1** or later for FALL applicants, or **June 1** or later for SPRING applicants.
2. Official bank/financial statement(s) must show your sponsors' name(s) and the amount available.
3. You will also need to submit a copy of the photo page of your current passport.

#### Acceptable Financial Documents

- ✓ Bank statement (checking or savings only)
- ✓ Bank letter on official letterhead
- ✓ Letter from organizational sponsor (company, government, scholarship)
- ✓ Loan sanction letter
- ✓ Letter from sponsor confirming you will have free room and meals

#### Unacceptable Financial Documents

- ⊗ Employment income or salary statement
- ⊗ Property valuations (real estate, jewelry, automobile, etc.)
- ⊗ Investments including stocks
- ⊗ Credit card account statements
- ⊗ Bank deposit slip

### ESTIMATED EXPENSES FOR ONE ACADEMIC YEAR (TWO SEMESTERS) BY CLASS LEVEL

The amounts in the two tables below are subject to change without notice. Actual expenses may vary.

Expenses	Undergraduate Students 24 Units / 2 Semesters	Graduate Students 18 Units / 2 Semesters
Tuition	\$17,538	\$16,542
Living Expenses *	\$18,304	\$19,300
Health Insurance (12-month coverage)	\$2,158	\$2,158
<b>Total Required</b>	<b>\$38,000</b>	<b>\$38,000</b>

\* Living Expenses: Housing and Food; Books, Course Materials, Supplies and Equipment; Transportation; and Other Personal/Miscellaneous Expenses.

### PROFESSIONAL GRADUATE PROGRAMS WITH HIGHER TOTAL ESTIMATED EXPENSES

Professional Graduate Program	Estimated Total Expenses for One Academic Year
Master of Business Administration (MBA)	\$ 43,000
Master of Science, Business Analytics (MSBANA)	\$ 43,000
Master of Professional Accountancy (MPAcc)	\$ 43,000
Educational Doctorate in Educational Leadership (EdD)	\$ 43,000
Doctor of Audiology (AuD)	\$ 46,000
Doctor of Physical Therapy (DPT)	\$ 49,000

Please continue to Page 2 of this form.

## AFFIDAVIT OF FINANCIAL SUPPORT FOR F-1 INTERNATIONAL STUDENTS, page 2 of 2

### STUDENT INFORMATION

\_\_\_\_\_  
Student's Family Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
CSUN Student ID Number (nine digits)

\_\_\_\_\_  
Date of Birth (month/day/year)

### FINANCIAL SPONSOR INFORMATION

By signing below, your sponsor certifies that sufficient financial resources will be available to cover your expenses for your studies at CSUN. If necessary, use an extra sheet of paper.

\_\_\_\_\_  
Full Name, Sponsor #1

\_\_\_\_\_  
Sponsor #1 Relationship to Applicant

\_\_\_\_\_  
Sponsor #1 Signature

\_\_\_\_\_  
Full Name, Sponsor #2

\_\_\_\_\_  
Sponsor #2 Relationship to Applicant

\_\_\_\_\_  
Sponsor #2 Signature

\_\_\_\_\_  
Full Name, Sponsor #3

\_\_\_\_\_  
Sponsor #3 Relationship to Applicant

\_\_\_\_\_  
Sponsor #3 Signature

### F-2 VISA DEPENDENT INFORMATION

If you will be accompanied by your spouse and/or children, you must show documentation of **additional funds** (\$5,000 for a **spouse** and **\$3,000** for **each child**). Also submit a **copy** of the **photo page** of each dependent's current passport.

If necessary, use an extra sheet of paper.

\_\_\_\_\_  
Spouse's Family/Last Name

\_\_\_\_\_  
Spouse's First Name

\_\_\_\_\_  
Gender (M/F)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Child #1 Family/Last Name

\_\_\_\_\_  
Child #1 First Name

\_\_\_\_\_  
Gender (M/F)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Child #2 Family/Last Name

\_\_\_\_\_  
Child #2 First Name

\_\_\_\_\_  
Gender (M/F)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Country of Citizenship

### I-20 TRANSFER STATUS

Please answer the questions below so that we can create your new Form I-20 correctly:

- |   |     |    |
|---|-----|----|
| 1. Are you currently living <b>outside</b> the U.S. and will need a new I-20?   | Yes | No |
| 2. Are you transferring to CSUN from a school <b>inside</b> the U.S. (including a language school, high school, college or university)? | Yes | No |

### APPLICANT AGREEMENT

This is to certify that all information on this form is complete and accurate to the best of my knowledge. If I am admitted to CSUN, I am aware that I must submit acceptable financial documents and a copy of the photo page of my current passport in order for CSUN to create my new I-20. I am also fully aware that submitting fraudulent documents may result in denial of admission.

\_\_\_\_\_  
Applicant/Student Signature

\_\_\_\_\_  
Signature Date