

California State University San Marcos

Affidavit of Financial Support 2024-2025

International Admissions • California State University San Marcos • San Marcos, CA • 92096-0001

U.S. government regulations require that all applicants for student visas provide evidence of adequate funds to meet the financial obligations of enrollment at a U.S. school. Please refer to the Financial Information Sheet on the reverse or to our website at http://www.csusm.edu/global to determine current financial requirements. Complete all parts of this form that apply to you and return it to: International Admissions Office, California State University San Marcos, San Marcos, California 92096-0001, USA.

Term applying for: Fall Spring Year 2024 Sum	™€ Level: ☐ Undergraduate	Master	
Applicant's Name Family (Last)	Hendry		
Family (Last)	Given (First)		Middle
Mailing Address 231 Pun Bazer way Number Street	Fall brook	92028	USA Californ
Number Street	City	Postal Code	Country
Telephone 651-210-1548	E-Mail hendry w	hendry widyan	to97@gmqil.com
If your principal sponsor is yourself, a family member, or ar government sponsorship, complete Part B. If you have add Funds in Part D must be completed for all private sponsors amount indicated on the Financial Information Sheet for yo	litional funding from another sou . The total amount of support a	urce, complete Pa	rt C. The Verification of
Part A: Self, Family, or Private Individual as Principal S Name of Sponsor Hendry Widgento	Sponsor		
Address of Sponsor 231 Dun Blazery way Fall brook,	(A 1 92028		
Relationship of Sponsor to Student Hyself			
Sponsors' guarantee: I guarantee that the sum of \$75 dependents for the first academic year at California State Leach subsequent academic year until completion of the degradature of Sponsor	Iniversity San Marcos. A compa	arable amount of i Must be submitte	money will be available for differs of the differs
Part B: Government or Other Organization Sponsorshi Enclose a copy of the award showing the beginning and er University San Marcos.		sorship for attend	lance at California State
Source of Sponsorship	Amount of Award \$_		
Part C: Partial Funding or Support From Another Source If someone will provide room and board at no expense to y financial support, list that person's name, address, and ame Sponsor's Name	ou, list that person's name and ount of support, and submit a ve	erification of funds	s for that person.
Sponsor's Address			
Type or Amount (in \$) of Support			



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Financial Information Sheet 2024-2025

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U.S. government regulations require that all applicants for student visas provide evidence of adequate funds to meet the financial obligations of enrollment at a U.S. school. While financial needs are different for each individual, California State University San Marcos requires that the following minimum amounts be available. Please be sure that the total amount required for your degree objective is guaranteed on the Affidavit of Financial Support. These estimates are subject to change without prior notice, so please refer to our website at http://www.csusm.edu/global to confirm current financial requirements.

Estimated Annual Cost for Undergraduates per Academic Year						
Undergraduate Programs	Tuition and Fees*	Room and Board	Living Expenses**	One Year Total****		
Summer not Included	\$18,160	\$17,203	\$8,302	\$43,665		

Masters Programs					
Graduate Programs	Time to Completion	1 year Tuition and Fees*	1 year Room and Board	1 year Living Expenses**	One Year Financial Guarantee Requirement***
Accelerated Specialized MBA	12 months with summer	\$31,515	\$20,644	\$9,962	\$62,121
Fully Employed MBA	19 months With Summers	\$28,327	\$20,644	\$9,962	\$58,933
Master of Biotechnology, Professional Science Master's Degree	21 months with summers	\$22,440	\$20,644	\$9,962	\$53,046
Accelerated BSN (Nursing)	24 months with summers	\$25,176	\$20,644	\$9,962	\$55,782
Master of Public Health	16 months With Summer	\$21,582	\$20,644	\$9,962	\$52,188
CSUSM State GR Programs: Biology, Computer Science, History, Lit & Writing, Mathematics, Psychology, Sociological Practice, Social Work,Spanish, KINE	24 months Summers not mandatory	\$17,158	\$17,203	\$8,302	\$42,663

*Includes all mandatory campus fees, but not optional vehicle parking fee of \$338 per semester in spring and fall, \$180 in summer.

**Includes mandatory 12 month health insurance, books and personal expenses

Additional Required Amounts must be documented for dependents: \$7,500/spouse and \$3,500 per Child ****Financial guarantee documents must reflect sufficient funds to cover total first year program costs, listed in the tables above.

The California State University System has approved a 6% increase of Tuition and Fees each year through 2028.



Account: Savings - Personal Statement: January 2024

Statement Summary: 01-01-24 Through 01-31-24

Account: 2034881652

HENDRY WIDYANTO 231 DUN BLAZER WAY FALLBROOK, CA 92028

Balance Information Interest Information Misc Information

Beginning Balance(\$) 75,657.17 Ending Balance(\$) 77,182.71 Average Balance(\$) 76,284.22 Statement Period Interest Earned(\$) YTD Interest Earned(\$) Beginning Statement Interest Rate APY Earned 271.44 271.44 4.16% 4.27%
 Service Charge(\$)
 0.00

 Credits(\$)
 2,775.78

 Debits(\$)
 1,250.24

Account Activity Summary

Date	Description	Amount(\$)	Balance(\$)
01/31/24	INTEREST	271.44	77,182.71
01/19/24	TRANSFER MONEY FROM BANK XXXXXX1660	350.00	76,911.27
01/18/24	TRANSFER MONEY TO BANK XXXXXX9981	-187.72	76,561.27
01/18/24	TRANSFER MONEY TO BANK XXXXXX1660	-255.07	76,748.99
01/18/24	TRANSFER MONEY TO BROKERAGE XXXXX0509	-634.38	77,004.06
01/18/24	DIRECT DEPOSIT - ABBOTT CARDIOVAS REG SALARY	1,077.17	77,638.44
01/06/24	TRANSFER MONEY TO BANK XXXXXX1660	-173.07	76,561.27
01/04/24	DIRECT DEPOSIT - ABBOTT CARDIOVAS REG SALARY	1,077.17	76,734.34



In Case of Errors or Questions about your Electronic Transfers

Please telephone us at 1-800-382-2651 immediately or write us at P.O. Box 484 Jersey City, NJ 07303-0484, if you think your statement or receipt is wrong or if you need a transfer on the first statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or the problem appeared. When you contact the Bank, you must:

- 1. Tell us your name, account number, and ATM card or Check card number.
- 2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

Within 10 business days after we hear from you we will determine whether an error occurred and promptly correct any error. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes for us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, points of sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

PLEASE READ THE IMPORTANT DISCLOSURES BELOW

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