Affidavit of Financial Support



	V		Student ID Number	SEMESTER APPLIED
Please	Print:			
Name	(Family Name)	(First Name)	Country	
Current Mailir	ng Address		·	

This confidential **Affidavit of Financial Support** must be completed and submitted as part of the *Application for Admission* to California State University, Monterey Bay, if the applicant is not a citizen or permanent resident of the United States of America or does not have immigrant status at the time of submission of the application for admission. A final decision on admission for an international applicant and the issuance of a Certificate of Eligibility (Form I-20) for a student visa requires verification of financial resources. **YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM.**

The following is a table of approximate costs for one academic year:

Expenses Undergraduates and Graduates

Tuition and Fees \$ 11,I I Ï *

Room and Board, etc. 1GFŒ

Health Insurance

TOTAL \$2Ï, HJÍ

*This figure is subject to change each year. The figures provided for 2008-2009 may increase based on the State budget allocation.

NOTE: This Financial Affidavit is not valid without the signature of the applicant.

Applicant: My signature certifies that I have read and understood the information furnished on this form and that my statements are correct. My signature further certifies that I fully understand the amount of money necessary for each year of study to cover all educational and living expenses while attending California State University, Monterey Bay and that it is my responsibility to provide sufficient funds.

Signature of Applicant	Date

Married applicants please complete the following:

Additional Expenses

If you are married and plan to have your dependents live in the U.S. while you are attending CSUMB., you will need to include in your calculation of academic year costs, the amounts of \$4,000 for your spouse and \$2,000 for each child.

Name of Spouse	Family Name	First Name	Date of Birth	Country of Birth	Country of Citizenship
If your spouse will accompany you to the U.S., what type of visa will be issued?			What is the source of financial support?		
Names of children w Family Name	who will accompany you to the U.S.: First Name	Sex	Date of Birth	Country of Birth	Country of Citizenship

(4203) 10/07

Financial Support

You must furnish verification of 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 to this form all other letters, signatures, and certifications (originals only).

Personal savings: My personal Certification by Bank Off	ficial:	at this time amount to U.S.	▶ [\$	
This is to certify that the current applicant's account(s) with this ba	balance of the 🔔 🕻	\$		Official bank seal or stamp	
Signature of Bank Official		Date			
Print Name	Title	•			
Name of Bank	'				
Address					
				expenses, including tuition and fees, onal expenses, for (print name of student):	
dependents as listed previously of become a public charge during his	on this form or any w s/her stay in the U.S	who may later come to the U S. Finally, I understand that	S. I further gua	additional support for this student's arantee that the student will not ion and fees is likely to increase for I be available to cover any increase.	
Sponsor's Signature	Sı	ponsor's Name (print)		Relationship of Sponsor to Applicant	
Address				Date	
Certification by Bank Official: This is to certify that the current balance of the sponsor's account(s) with this bank is U.S.\$ Signature of Bank Official Date				Official bank seal or stamp	
Print Name	Title		$-\parallel$		
Name of Bank					
Address					
	form to the agency ler to the Office of A	providing your financial sup Admissions at California Sta		cation of the required information or Monterey Bay, specifying the amount	
Agency Name					
Address					
Certification by Agency This is to certify that the current applicant's account(s) with this ba	balance of the 🚤	\$	per yea	ar for the duration of his/her studies.	
Signature of Agency Official	Pı	rint Name		Title	
Address				Date	