



Please Print

Student ID Number:			Semester Applied:
Name:	(Family Name)	(First Name)	Country:
Current Mailing Addres	s:		

The issuance of a Certificate of Eligibility (Form I-20) for a student visa requires verification of financial resources. If the applicant to California State University, Monterey Bay 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, this confidential Affidavit of Financial Support must be completed and submitted in order for our University to properly examine and verify your financial resources. YOU WILL NOT BE ISSUED AN I-20 FORM FOR A F-1 STUDENT VISA WITHOUT THIS FORM. Do not scan or fax this document. Complete this form in ink.

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

Tuition and Fees	\$14,891*
Room and Board, etc.	\$9,748
Subtotal	\$24,639
Personal Expenses and Books	\$2,599
Health Insurance	\$1,371
Total	\$28,609

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 acc	ompany you to the			What is the source	of financial support	
U.S. what type of visa	will be issued?					
Names of children w (Family Nam		you to the U.S.: (First Name)	Gender	Date of Birth	Country of Birth	Country of Citizenship

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

(originals only). Please attach all statements from		n all other letters, signatures, and certifications red on this document.
Personal savings: My personal financial resources at this time amount		\$
Certification by Bank Offici	•	•
This is to certify that the current balance of the app		\$
Signature of Bank Official	Date	Official bank seal or stamp
	T:u	
Print Name	Title	
Bank Name		
Address		
room and board, health insurance, medical or emer	rgency expenses, travel and personal expenses, for	
	to the U.S. I further guarantee that the student will not fees is likely to increase for 2008-2009 based or	I support for this student's dependents as listed not become a public charge during his/her stay in the name that sufficient and certify that sufficient
Sponsor's Signature	Sponsor's Name (Print)	Relationship of Sponsor to Applicant
Address		Date
Certification by Bank Offici	al	\$
This is to certify that the current balance of the spo	nsor's account(s) with this bank is U.S. \$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature of Bank Official		Date
Signature of Bank Official		Date
Signature of Bank Official Print Name	Title	Date Official bank seal or stamp
	Title	
	Title	
Print Name Bank Name	Title	
Print Name	Title	
Print Name Bank Name	Title	
Print Name Bank Name Address 3. Government, Foundation, Agency or Corpora Applicant: Please submit this form to the agency pr	ate Fellowship Support. Providing your financial support for certification of the	
Print Name Bank Name Address 3. Government, Foundation, Agency or Corpora Applicant: Please submit this form to the agency pr letter to the Office of Admissions at California State	ate Fellowship Support. Providing your financial support for certification of the	Official bank seal or stamp Provided the seal of stamp of stamp of the seal of stamp of stamp of the seal of stamp of stam
Print Name Bank Name Address 3. Government, Foundation, Agency or Corpora Applicant: Please submit this form to the agency pr letter to the Office of Admissions at California State terms that pertain.	ate Fellowship Support. Providing your financial support for certification of the	Official bank seal or stamp Provided the seal of stamp of stamp of the seal of stamp of stamp of the seal of stamp of stam
Print Name Bank Name Address 3. Government, Foundation, Agency or Corpora Applicant: Please submit this form to the agency pr letter to the Office of Admissions at California State terms that pertain. Agency Name Agency Address	ate Fellowship Support. Providing your financial support for certification of the	Official bank seal or stamp Provided the seal of stamp of stamp of the seal of stamp of stamp of the seal of stamp of stam
Print Name Bank Name Address 3. Government, Foundation, Agency or Corpora Applicant: Please submit this form to the agency preletter to the Office of Admissions at California State terms that pertain. Agency Name Agency Address Certification by Agency Official: This is to certify that the current balance of the	ate Fellowship Support. Providing your financial support for certification of the	Official bank seal or stamp Provided the seal of stamp of stamp of the seal of stamp of stamp of the seal of stamp of stam
Print Name Bank Name Address 3. Government, Foundation, Agency or Corpora Applicant: Please submit this form to the agency pr letter to the Office of Admissions at California State terms that pertain. Agency Name Agency Address Certification by Agency Official:	ate Fellowship Support. oviding your financial support for certification of the University, Monterey Bay, specifying the amount of the University of	Official bank seal or stamp e required information or instruct the agency to send a of the award, period of support, and any conditions of
Print Name Bank Name Address 3. Government, Foundation, Agency or Corpora Applicant: Please submit this form to the agency preletter to the Office of Admissions at California State terms that pertain. Agency Name Agency Address Certification by Agency Official: This is to certify that the current balance of the applicant's account(s) with this bank is U.S.\$	ate Fellowship Support. oviding your financial support for certification of the University, Monterey Bay, specifying the amount of the Support of the Indiana Support for certification of the Suppor	Official bank seal or stamp e required information or instruct the agency to send a of the award, period of support, and any conditions of the award of the award of the award of support, and any conditions of the award of the