201' -1(Affidavit of Financial Support



Please Print

Student ID Number:			Semester Applied:		
Name:	(Family Name)	(First Name)	Country:		
Current Mailing 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. 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	\$16,377*
Room and Board, etc.	\$10,761
Subtotal	\$27,138
Health Insurance	\$916
Total	\$&, ,\$5(

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 ac U.S. what type of vis				What is the sour	ce of financial support	
Names of children (Family Na	who will accompany	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

in U.S. dollars. If there is more than one sponsor or (originals only). Please attach all statements from y		o this form all other letters, signatures, and certifications
1. Personal savings:	\$	
My personal financial resources at this time amount Certification by Bank Official		
This is to certify that the current balance of the appl	\$	
Signature of Bank Official	Date	Official bank seal or stamp
Print Name	Title	
Bank Name		
Address		
Private sponsors: I guarantee without reservation room and board, health insurance, medical or emer	• • •	iving expenses, including tuition and fees, books and supplies, penses, for (print name of student):
While he/she is enrolled at California State University previously on this form or any who may later come	ity, Monterey Bay. I also agree to furnish to the U.S. I further guarantee that the stu d fees is likely to increase for 2008-2009	additional support for this student's dependents as listed udent will not become a public charge during his/her stay in the based on the state budget allocation and certify that sufficient
Sponsor's Signature	Sponsor's Name (Print)	Relationship of Sponsor to Applicant
Address		Date
		L
Certification by Bank Offici This is to certify that the current balance of the spor		\$
Signature of Bank Official		Date
Print Name	Title	Official bank seal or stamp
Bank Name		
Address		
	oviding your financial support for certifica	tion of the required information or instruct the agency to send a amount of the award, period of support, and any conditions or
Agency Name		
Agency Address		
Cortification by Agoney Official		
Certification by Agency Official: This is to certify that the current balance of the applicant's account(s) with this bank is U.S.\$	\$	Per year for the duration of his/her studies.
Signature of Agency Official	Print Name	Title
	Timervanio	Title