

## **Affidavit of Support Form**

NAME:			BIRTHDATE:			
First Name - Last	: / Family Name - Middle Ini	itial			MM/DD/YYYY	
Do you now hold a valid U.S. stude	nt/scholar visa?	Yes	If Yes, what typ	pe (F-1 or J-1):		
If you hold an F-1 visa, list the instit	ution that issued you	ır I-20, and your	SEVIS Identific	cation number	(top right-corner of I-20):	
INSTITUTION/SCHOOL:			YOUR SEVIS ID#:			
If you hold a J-1 visa, list the institution	•	•		tification numb	er. Also give the name,	
INSTITUTION / SCHOOL:			YOUR SEVIS ID #:			
RESPONSIBLE OFFICER (RO):	EMAIL:		PHONE:	FAX:		
If family members will be coming to	to the USA with you	ı, please comple	ete the informa	ation below:		
NAME (FIRST, LAST, MIDDLE INITIAL)	BIRTHDATE COUNTR		OF BIRTH	GENDER (M or F)	RELATIONSHIP (i.e. SPOUSE, SON, DAUGHTER)	
	Statement of	f Financial Spo	neorehin			
Students must have sufficient money for one academic year is approximate the information below about your sposupport. If your sponsor is a govern your sponsor that includes the term	to meet all expenses ely \$31,729 for undersonsor. Request your somment agency, orga	while attending (graduate student sponsor to send a anization, or oth	California State s and \$30,734 f bank letter/sta	for graduate stu stement showing	udents. Please complete g amount and source of	
SPONSOR'S NAME:						
SPONSOR'S PHONE NUMBER(S):						
SPONSOR'S RELATIONSHIP TO YOU:		PARENT, UNCLE, FRIEI	ND FTC)			