Affidavit of Financial Support

Exchange Academic Year 2026-2027

Cal State Monterey Bay

This confidential Affidavit of Financial Support must be completed and submitted as part of your application to participate in the Exchange program. It is required for the issuance of your immigration documents.

YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM.

I.Applicant Information

PLEASE TYPE OR PRINT CLEARLY

Name: _____ _____ _____

First Name | Middle Initial | Last (Family Name)

II.Financial Resources

Approximate Cost for Exchange

One Semester:		Two Semesters:	
Tuition	$0	Tuition	$0
Fees	$250	Fees	$500
Living expenses	$8,757	Living expenses	$17,514
Health insurance	$800	Health insurance	$1,600
Personal expenses, books	$2,582	Personal expenses, books	$5,165
TOTAL	**$12,389**	**TOTAL**	**$24,779**

All international students must be covered by the CSUMB health insurance policy.
Please note that costs are approximate, and may vary by personal preference and situation, and are subject to change.

Additional Expenses for Applicants with Dependents (spouse/children) ONLY

If you plan to have your spouse/children to enter the U.S as dependents on your visa, you will need to add $4,000 per semester for your spouse and $2,000 per semester for each child in your cost calculation.

III.Approximate Cost for the Duration of Your Program

1.Approximate Cost for the duration of your program Use check-mark to designate program length	☐ **One semester** **$12,389** ☐ **Two semesters** **$24,779**
2.Approximate Cost for Dependants (See above. Mark "0" if not applicable to your situation)	**$**
3.APPROXIMATE TOTAL COST Your total financial support must equal or exceed this amount	**$**

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IV.Financial Support

Personal Savings or Private Loans

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If your time at CSUMB will be funded in part or fully using personal savings or private loan, indicate the total amount of your current personal financial resources or the loan amount here. You will need to verify the accessibility of these funds by providing (1) an original letter from your bank(s)/lending institution(s) with an official bank seal/stamp and a bank official's signature which proves your financial support OR (2) a printed bank statement with an official bank seal/stamp and a bank official's signature. Examples Below.

Family or Private Sponsor(s)

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If your time at CSUMB will be funded in part or fully by a private sponsor (i.e. a parent, family member, or friend), indicate the total amount you expect to receive from this sponsor. You will need to verify that your sponsor has accessible funds meeting or exceeding the amount you expect to receive by providing (1) an original letter from your sponsor's bank(s) with an official bank seal/stamp and a bank official's signature which proves your financial support OR (2) a printed bank statement with an official bank seal/stamp and a bank official's signature. Examples below.

Sponsor's Signature _____ Sponsor's Name (Print) _____ Relationship for Sponsor to Applicant _____

Complete Address _____ Date _____

Government, Foundation Agency and/or Corporate Fellowship Fund

$

If your time at CSUMB will be funded by CSUMB, a government organization, foundation, agency or corporate fellowship, indicate the total amount you expect to receive from this agency or agencies. You must verify this amount by providing an original letter from the agency (or agencies) specifying the amount of the award, period of support, and any conditions or terms that pertain.

NOTE THAT THE TOTAL AMOUNT OF ALL SUPPORT IN SECTION IV: "FINANCIAL SUPPORT" MUST EQUAL OR EXCEED THE AMOUNT INDICATED IN SECTION II: "FINANCIAL RESOURCES"

Examples of documents which ARE acceptable:

- Loan or award letters stamped or certified by a lending institution
- Bank letters signed or stamped by a bank official
- Bank Statements signed or stamped by a bank official

Examples of documents which ARE NOT acceptable:

- Bank Letters without the name of the account holder
- Credit card statements, lines of credits, or proof of investments
- Life insurances policies, stocks, bonds, or tax returns

THIS FINANCIAL AFFIDAVIT IS NOT VALID WITHOUT THE SIGNATURE OF THE APPLICANT.

V.Applicant Signature

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

Signature of Student _____ **Date** _____

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