Affidavit of Financial Support

Semester@CSUMB Academic Year 2024-2025

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

YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM

Applicant Information		PLE	PLEASE TYPE OR PRINT CLEA	
lame:				
First Name	Middle In	itial Last (Family Name)	
Financial Resources				
	Approximate Cost fo	or Semester@CSUMB		
One Semester:	<u>Two Semesters:</u>			
Tuition and fees	\$5,700	Tuition and fees	\$11,400	
Living expenses ¹	\$7,500	Living expenses ¹	\$15,000	
Health insurance ²	\$800	Health insurance ²	\$1,600	
Personal expenses, books	\$1,350	Personal expenses, books	\$2,700	
10	TAL \$15,350		TOTAL \$30,700	
¹Includes Housing Reservation Deposit (\$100 creding Actual Housing costs: \$3,800 - \$7,300 per semest and international students must be covered by the **Please note that costs are approximate, and match and the state of the st	er. Actual meal plan costs: \$1,650 - \$3 CSUMB health insurance policy. y vary by personal preference and situal cants with Dependents en to enter the U.S as depen ter for each child in your cos	ation, and are subject to change. S (spouse/children) ONLY dents on your visa, you will need to ad st calculation.	d \$4,000 per semester	
Approximate Cost for the duration Use check-mark to designate program length		One semester \$15,350	Two semesters \$30,700	
Approximate Cost for Dependants (See above. Mark "0" if not applicable to you		\$		
APPROXIMATE TOTAL COST Your total financial support must equal or ex		\$		



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IV. Financial Support

Personal Savings or Private Loans		\$			
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)	\$				
If your time at CSUMB will be funded in part or fully by a private sponsor (i.e. a parent, family member, or friend), sponsor. You will need to verify that your sponsor has accessible funds meeting or exceeding the amount you expect sponsor's bank(s) with an official bank seal/stamp and a bank official's signature which proves your financial sup bank seal/stamp and a bank official's signature. Examples below. Sponsor's Signature Sponsor's Name (Print)		ct to receive by providing (1) an original letter from your			
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

