Affidavit of Financial Support

Exchange Program Academic Year 2024-2025

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

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

Applicant Information		PLE	EASE TYPE OR PRINT C	
Name:				
First Name	Middle In	itial Last (Family Nam	e)	
Financial Resources				
Арр	roximate Cost for One	or Two Semester Exchange		
One Semester:		Two Semester (Acad	Two Semester (Academic Year):	
Tuition	\$0	Tuition	\$0	
Fees	\$250	Fees	\$500	
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	
	TOTAL \$9,900		TOTAL \$19,800	
Includes Housing Reservation Deposit (\$100 cre Actual housing costs: \$3,800 - \$7,300 per seme All international students must be covered by the **Please note that costs are approximate, and re Additional Expenses for Appl If you plan to have your spouse/child for your spouse and \$2,000 per seme. Approximate Cost for the	ester. Actual meal plan costs: \$1,650 - \$ ne CSUMB health insurance policy. nay vary by personal preference and situ icants with Dependents Iren to enter the U.S as depen ester for each child in your cos	2,300 per semester. ation, and are subject to change. S (spouse/children) ONLY dents on your visa, you will need to a st calculation.	dd \$4,000 per semester	
Approximate Cost for the durati Use check-mark to designate program leng	,	One semester \$9,900	Two semesters \$19,800	
. Approximate Cost for Dependan (See above. Mark "0" if not applicable to yo		\$		
. APPROXIMATE TOTAL COST Your total financial support must equal or or	exceed this amount	\$		



Seaside, CA 93955

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IV. Financial Sunnort

<u>''</u>				
Personal Savings or Private Loans	\$			
amount here. You will need to verify the accessibility of the	nese funds by providing (1) an original letter from your ba	unt of your current personal financial resources or the loan ank(s)/lending institution(s) with an official bank seal/ n official bank seal/stamp and a bank official's signature.		
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), 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 \$				
	rnment organization, foundation, agency or corporate fellont by providing an original letter from the agency (or age			

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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