# **Affidavit of Financial Support**

Undergraduate and Graduate Degree Academic Year 2024-2025



This confidential Affidavit of Financial Support must be completed and submitted as part of your application to participate in the degree program at CSUMB. 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 CLEARL	
Name:			
First Name	Middle Init	tial Last (Family Nam	ne)
I. Financial Resources			
	Approximate Cost 1	for Academic Year	
Undergraduate:		Graduate:	
Tuition and fees Living expenses Health insurance Personal expenses, books	\$17,859 \$15,000 \$1,600 \$2,700	Tuition and fees Living expenses Health insurance Personal expenses, books	\$16,023 \$15,000 \$1,600 \$2,700
TOTAL	• ,	Toroundi onportoco, socia	TOTAL \$35,323
Living Expenses: Approx \$4,000-\$7,700 per semester f All international students must be covered by the CSUI Please note that costs are approximate, and may vary  Additional Expenses for Applical If you plan to have your spouse/children for your spouse and \$2,000 per semester  II. Approximate Cost for the Du	MB health insurance policy. by personal preference and situation  nts with Dependents to enter the U.S as dependents r for each child in your cost	(spouse/children) ONLY ents on your visa, you will need to a	add \$4,000 per semester
Approximate Cost for 1 Year of your Academic Program     Use check-mark to designate undergraduate or graduate program		Undergraduate \$37,159	Graduate \$35,323
2. Approximate Cost for Dependants (See above. Mark "0" if not applicable to your si	ituation)	\$	
3. APPROXIMATE TOTAL COST  Your total financial support must equal or excee	ed this amount	\$	

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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 amo amount here. You will need to verify the accessibility of these funds by providing (1) an original letter from your ba stamp and a bank official's signature which proves your financial support OR (2) a printed bank statement with a Examples Below.	nk(s)/lending institution(s) with an official bank seal/	
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 supbank 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 fellor from this agency or agencies. You must verify this amount by providing an original letter from the agency (or age 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