Affidavit of Financial Support





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.

pplicant Information			PLEASE TYPE OR PRINT CLE		
Name:					
First Name Middle Initial		tial Last (Fami	Last (Family Name)		
Financial Resources					
	Approximate Co	st for Exchange			
One Semester:		Two Semesters	Two Semesters:		
Tuition	\$0	Tuition	 \$0		
Fees	\$250	Fees	\$500		
Living expenses	\$7,500	Living expenses	\$15,000		
Health insurance	\$800	Health insurance	\$1,600		
Personal expenses, books	\$1,350	Personal expenses,	1 /		
	TOTAL \$9,900		TOTAL \$19,800		
Living Expenses: Approx \$4,000-\$7,700 per semester All international students must be covered by the Complex on the students of the Covered by the Covered b	SUMB health insurance policy. Try by personal preference and situation The pendents of the p	n, and are subject to change. (spouse/children) ONL dents on your visa, you will no t calculation.			
Approximate Cost for the duration	of your program	One semester	Two semesters		
Use check-mark to designate program length		\$9,900	 \$19,800		
Approximate Cost for Dependants (See above. Mark "0" if not applicable to your	situation)	\$			
APPROXIMATE TOTAL COST Your total financial support must equal or exce	eed this amount	\$			

Affidavit of Financial Support

Exchange Academic Year 2025-2026



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), 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. 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 fello 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

Date

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

V.Applicant Signature

Signature of Student

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.

		DI 004 F	-00 4770	- 004	E00 0044
internationa	l@csumh edu l	Pn. XXI :	187 <i>411</i> 811	- av- x31	5873314