

Declaration of Finances for International Students (F1 & J1)

PLEASE TYPE, PRINT OUT, AND SAVE FOR YOUR FILES

The following is an estimate of the cost of one academic year (3 quarters):

	<u>Undergraduate</u>	<u>Graduate</u>
Tuition & Fees	\$11,000 (based on 12 units)	\$9,000 (based on 8 units)
Living Expenses	\$11,000	\$11,000
TOTAL	\$22,000	\$20,000

Section 1: APPLICANT INFORMATION AND LIST OF DEPENDENTS

Name on Application

Family Name: _____ First Name: _____ Middle Name: _____

Name on Passport (if different)

Family Name: _____ First Name: _____ Middle Name: _____

Date of Birth (mm/dd/yyyy): _____ Gender: Female Male

City and Country of Birth: _____ Country of Citizenship: _____

If you are married and plan to have your dependents live in the U.S. while you are attending California State University, East Bay, please list your dependents below (if you need more space, please photocopy this form).

Additional assets are required for each dependent; \$5,000 for your spouse and \$2,500 for each child.

Family Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)
1.			
2.			
3.			

City and Country of Birth	Country of Citizenship	Gender	Relationship
1.			
2.			
3.			

****All nonimmigrant students must provide a foreign address, even if they are currently in the United States****

Street Address: _____

City & Postal Code: _____

Province/Territory: _____

Country: _____

Telephone Number: _____

Email Address: _____

I certify that the information in this document is true, complete, and accurate.

Applicant's Signature: _____ Date: _____

Section 2: SOURCES OF FUNDS

Please enter amount of funds below.

YOU MUST PROVIDE REQUIRED DOCUMENTATION

\$ _____

PERSONAL FUNDS: Funds must be in the student’s name, and an original letter in English from the student’s financial institution must be provided. The letter should include the student’s name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

\$ _____

SCHOLARSHIP, GOVERNMENT, OR OTHER AGENCY FUNDS: An original letter in English from the sponsorship agency must be provided. The letter should include the student’s name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

\$ _____

FAMILY OR PRIVATE INDIVIDUAL AS SPONSOR: Your sponsor must complete the affidavit below, and provide an original letter in English from the sponsor’s financial institution. The letter should include the sponsor’s name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

Sponsor’s Name: _____ Relationship: _____

Sponsor’s Complete Address: _____

I guarantee without reservation to support annually the educational costs and living expenses including tuition and fees, meals, books, supplies, health insurances, medical and emergency expenses of the student named on the reverse of this form while s/he is enrolled at California State University, East Bay. I also agree to furnish additional support for this student’s dependents travelling to the U.S.A., if any, as listed on the reverse of this form. I further guarantee that the student will not become a public charge during his/her stay in the United States.

Sponsor’s Signature: _____ **Date:** _____

Please complete this statement of finances completely.
The information you provide will determine what will appear on your I-20.

MAIL FORM TO:
American Language Program
California State University, East Bay
25800 Carlos Bee Boulevard, ST-190
Hayward, CA 94542-3012
Fax: (510) 885-2040