

## Declaration of Finances for International Students (F1 & J1)

The following is an estimate of the cost of one academic year of full time study:

|                  | <u>Undergraduate</u> | <u>Graduate</u>    | <u>Graduate Business Professional Programs</u> | <u>Master of Science in Accountancy</u> |                 |
|------------------|----------------------|--------------------|--|---|-----------------|
|                  | (based on 12 units)  | (based on 9 units) | *MBA, MSBA<br>(based on 9 units)               | 12 Month                                | 15 Month        |
| Tuition & Fees   | \$16,350             | \$15,408           | \$20,268                                       | \$26,751                                | \$33,595        |
| Health Insurance | \$ 1,236             | \$ 1,236           | \$ 1,236                                       | \$ 1,648                                | \$ 2,060        |
| Living Expenses  | \$18,000             | \$18,000           | \$18,000                                       | \$24,000                                | \$30,000        |
| <b>TOTAL</b>     | <b>\$35,586</b>      | <b>\$34,644</b>    | <b>\$39,504</b>                                | <b>\$52,399</b>                         | <b>\$65,655</b> |

**Fee Information:**

The CSU makes every effort to keep student costs to a minimum. Fees listed in published schedules or student accounts may need to be increased when public funding is inadequate. Therefore, CSU must reserve the right, even after initial fee payments are made, to increase or modify any listed fees without notice, until the date when instruction for a particular quarter or semester has begun. All CSU listed fees should be regarded as estimates that are subject to change upon approval by The Board of Trustees.

### Section 1: APPLICANT INFORMATION AND LIST OF DEPENDENTS

Name on Application:

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_ City and Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Name on Passport:  
(if different)

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

**Dependent Information:**

Applicants wishing to have a spouse or children accompany them to the U.S. while attending California State University, East Bay, must list dependents below. **Additional assets are required for each dependent: \$5,000 for spouse and \$5,000 for each child. Attach a copy of your dependents' passports.** (If you need more space, please photo copy this form.)

| Family Name | First Name | Middle Name | Date of Birth (mm/dd/yyyy) | 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: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2: SOURCES OF FUNDS

### YOU MUST PROVIDE REQUIRED DOCUMENTATION.

Financial documents that demonstrate proof of funding must be in English and must:

- Be an official bank statement or bank letter on letterhead with a stamp/seal and/or bank officer's signature.
- Demonstrate at least the minimum total estimated expenses for one academic year.
- Include an issue date that is within the recent 12 months of when you submit your application.
- Include the account holder's name.
- Include a specific amount in dollars (USD).

| Type of Documentation  | Acceptable | Not Acceptable |
|--|------------|----------------|
| Bank Letters   | ✓          |                |
| Bank Statements (Savings or Checking Accounts)   | ✓          |                |
| Fixed/Term/Time Deposits - must be able to be withdrawn at any time without penalty    | ✓          |                |
| Loan Letters   | ✓          |                |
| Scholarship Letters (Private, Government, School, etc.)                                | ✓          |                |
| Solvency Letter - Bank letter indicating funds immediately available to the individual | ✓          |                |
| Employer Letters / Salary Statements   |            | X              |
| Line of Credit Letters   |            | X              |
| Provident (Retirement) Fund Statements   |            | X              |
| Stock Market, Equity, or Mutual Fund Statements  |            | X              |
| Life Insurance Policy  |            | X              |

Please enter amount of funds below: Minimum amount is the estimated cost for one academic year. See page 1.

\$ \_\_\_\_\_ PERSONAL FUNDS

\$ \_\_\_\_\_ SCHOLARSHIP, GOVERNMENT, OR OTHER AGENCY FUNDS

\$ \_\_\_\_\_ FAMILY OR PRIVATE INDIVIDUAL AS SPONSOR

Sponsor's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sponsor's Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Sponsor: This is to certify that I (we) the undersigned agree to provide the funds required for study at CSUEB and that I (we) are submitting financial document(s) indicating the availability of these funds.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## HEALTH INSURANCE COMPLIANCE

### AGREEMENT TO OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE

Website Link: <http://www.csueastbay.edu/cie/fIstudents/insurance.html>

I have read the terms above and agree to obtain and maintain health insurance coverage pursuant to CSU minimum requirements. I understand that I will not be allowed to register until I have provided proof of insurance that meets the stated requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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