CALIFORNIA STATE UNIVERSITY
EAST BAY

American Language Program
25800 Carlos Bee Boulevard, Hayward, CA 94542
Phone 510.885.2358 | *Fax* 510.885.2040 | wwww.csueastbay.edu/alp

I-20 REQUEST FORM

Name: _____ Net ID: _____
Last Name, First Name

Address: _____
Street and Apartment Number

_____
City State Zip

Telephone No: _____ SEVIS Number: _____

(Submit this form at least two weeks before the current I-20 expiration date)

- **Extension**: Number of Sessions _____

○ Fill out the Declaration of Finances on page 2-3
○ Attach your Verification of Finances (Bank Statement, letter or SEAL)

- **Change in Program**: Term _____ Year _____

○ From: N/A

○ To: N/A

Authorized by: _____

- **Replacement I-20**: _____

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DECLARATION OF FINANCES FOR INTERNATIONAL (F1) STUDENTS

International Students must provide proof of sufficient financial support to meet all necessary expenses while attending the American Language Program and California State University, East Bay. The information you provide will determine your eligibility for the program and will appear on your I-20. The following costs are subject to change.

	1 Session (8 weeks)	**1 Semester (16 weeks)**	**1 Academic Year (32 weeks)**
Tuition & Fees	$2,800	$5,000	$10,000
Mandatory Student Health Services Fee	$193	$193	$386
Mandatory Health Insurance	$502.50	$837.50	$1,675
Estimated Living Expenses	$4,500	$9,000	$18,000
Total Estimated Cost	$7,995.50	$15,030.50	$30,061
Total Funds Required for Verification of Finances	**$7,996 per session**	**$15,031 per semester**	**$30,061 per academic year**

** Estimated living expenses include housing, food, books, materials, and local transportation.*

SECTION 1: APPLICANT INFORMATION AND LIST OF DEPENDENTS

Applicant Name | **Name on Passport (if different)**

Family (last) Name:_____ Family (last) Name:_____

Given (first) Name:_____ Given (first) Name:_____

Middle Name:_____ Middle Name:_____

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. *Additional assets are required for each dependent: $5,000 for your spouse and $5,000 for each child per academic year.*

Family Name, Given Name	**Date of Birth (mm/dd/yyyy)**	**Country of Birth**	**Relationship to Student**
1.			
2.			
3.			

***Please attach a copy of your dependents' passports.**

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

_____ _____

Signature of Student (application cannot be processed without a written signature) Date

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Section 2: SOURCES OF FUNDS

YOU MUST PROVIDE REQUIRED DOCUMENTATION (bank statements, letter, or seal).
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 semester or 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 the length of your study. 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: _____