

Declaration of Finances for International Students (F1 & J1)

The following is an estimate of the cost of one academic year (2 semesters) of full-time study:

	<u>Undergraduate</u> (based on 12 units per semester)	<u>Graduate</u> (based on 9 units per semester)	<u>Graduate Business Professional Programs</u> *MBA, MSBA (based on 9 units per semester)
Tuition & Fees (2 semesters)	\$16,499	\$15,557	\$20,417
Health Insurance (based on academic year, not including summer)	\$ 1,550	\$ 1,550	\$ 1,550
Living Expenses (based on 9 Months)	\$18,000	\$18,000	\$18,000
TOTAL	\$36,049	\$35,107	\$39,967

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 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
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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 photocopy 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: _____

HEALTH INSURANCE COMPLIANCE

AGREEMENT TO OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE

Website Link: <http://www.csueastbay.edu/cie/f-1-students/new-students/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

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