

International Student Financial Affidavit of Support

Instruction: Please read the instructions page carefully to properly complete this International Student Financial Affidavit of Support form. Incomplete information or missing supporting documents will delay the processing of your I-20. *Previous versions of this form are not accepted.*

SECTION A: STUDENT INFORMATION

1. Term applying for: ☐ Fall semester ☐ Spring semester Year: _____
(Please check only one box)

2. Full legal name as listed in your passport: *(A copy of your passport must be submitted together with this form)*

(Last name / surname/ family name) (First and middle name)

3. Email address: _____ CWID: _____

4. Date of birth: _____ Gender: ☐ Male ☐ Female
(month/day/year)

5. Country of birth: _____ Country of citizenship: _____

6. Foreign address *(Required)* 7. U.S. address – No P.O. Box allowed *(If applicable)*

Do you want your I-20 mailed here? ☐ Yes ☐ No Do you want your I-20 mailed here? ☐ Yes ☐ No

Line 1 Line 1

Line 2 Line 2

Line 3 City State Zip code

Postal code Country Phone number

Note: I-20 will not be mailed to you if you are currently in the U.S. AND you are not traveling outside the U.S.

SECTION B: DEPENDENT INFORMATION *(if applicable)*

Please provide financial verification for additional \$5,000 per dependent.

1. _____	Relationship to student (husband, wife, son, daughter)	Country of Birth	Country of Citizenship	Date of birth (month/day/year)
2. _____	Relationship to student (husband, wife, son, daughter)	Country of Birth	Country of Citizenship	Date of birth (month/day/year)
3. _____	Relationship to student (husband, wife, son, daughter)	Country of Birth	Country of Citizenship	Date of birth (month/day/year)

SECTION C: TRANSFER STUDENTS ONLY

Complete this section if you have attended another school in the U.S. within the last 6 months or are currently in the U.S. Please submit the following:

- ✓ Copy of your valid passport.
- ✓ Copy of your current visa.
- ✓ Copy of your I-94 form (front and back).
- ✓ Copy of your current I-20 form.
- ✓ Submit the Transfer In to Cal State Fullerton form to your previous school. Forms are located at www.fullerton.edu/forms/

1. Previous SEVIS ID#: _____ 2. Name of previous school in the US: _____

3. Date of last attendance or date you will complete your final term in previous school: _____

SECTION D: SPONSOR INFORMATION

Name of sponsor _____ residing at _____ Street and number _____
City _____ State _____ Postal or Zip code _____ Country _____ certify that I will assume full financial responsibility, including educational and living expenses for the above named student while he or she is enrolled at Cal State Fullerton.
Signature of sponsor _____ Relationship of sponsor to student _____ Date (month/day/year) _____

SECTION E: FINANCIAL INFORMATION (Please provide proof of financial support)

A. Attach the sponsor's financial document(s). The bank statement and/or letter **must be dated within the last year** and clearly show:

1. Name and address of the bank institution **with** the name of the account holder.
2. Current available balance in **U.S. dollars**.

Acceptable Financial Evidence: Financial documents may include the following:

- ❖ Saving or Checking account
- ❖ Certificate or Time Deposits with the maturity date in the future
 - Most recent monthly bank statement(s) must be dated within one year.
 - Foreign bank statement and/or letter with English translation and showing amount in **U.S. dollars**.
- ❖ Letter of Financial Support or Financial Guarantee document from Government Sponsors or Foreign Embassies which specify California State University as student's school, and validity period of financial support.
- ❖ Official scholarship Award letter from sponsor for student receiving Scholarships.

B. **OR** Have a **bank official** fill out the Bank Certification section below.

Your financial document must show at least this amount	Undergraduate based on 12 units per semester	Business Graduate ¹ based on 9 units per semester	Non-Business Graduate based on 9 units per semester	Credential Based on 9 units per semester	Doctorate Based on 9 units per semester
Tuition and fees (Two semesters)	\$15,554	\$19,712	\$14,708	\$14,282	17,726
Living expense (Includes Med. Insurance)	\$16,500	\$16,500	\$16,500	\$16,500	\$16,500
Total	\$32,749	\$36,907	\$31,903	\$31,477	\$34,921

¹ Business Graduate includes: MBA, Masters in accounting, Business Administration, Health Care Management, Business & Technology, Information System, and Taxation.

² Total includes Graduate Business Professional (GBP) Fees of \$4,752

Bank Certification (This section must be completed by a bank official)

Name of depositor: _____ Relationship of depositor to student: _____

Account type: ☐ Checking ☐ Savings ☐ Other _____ Date opened: _____ (month/ day/year)

Current balance: \$ _____ in U.S. Dollars Today's date _____ (month/day/year)

Bank name: _____

Bank address: _____

Name of Bank official: _____

Signature of bank official: _____

**Bank seal or stamp
(required)**

SECTION E: STUDENT'S SIGNATURE

I certify that all information given above is true and correct.

Student's signature _____

Date: _____ (month/day/year)