



CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

AFFIDAVIT OF FINANCIAL SUPPORT

Admissions and Outreach

The issuance of a Certificate of Eligibility (Form I-20) for a student visa requires verification of financial resources. This confidential Affidavit of Financial Support must be completed and submitted as part of the Cal Poly Pomona Admissions application process.

A current bank statement(s), financial guarantee or scholarship letter can be attached to this completed form.

APPROXIMATE COSTS FOR AN ACADEMIC YEAR

Includes estimated costs of mandatory campus fees, books, supplies, room and board, personal expenses and transportation costs, and tuition (based on 12 units for undergraduate students and 8 units for graduate students):

Undergraduate International Student

Living Expenses \$19,352
Tuition & Fees 15,800
TOTAL \$35,152

Graduate International Student

Living Expenses \$19,352
Tuition & Fees 13,700
TOTAL \$33,052

This is an estimate only and is based on enrollment in the minimum number of units each term. Some academic programs require students to take more than the minimum number of units. For calculating costs, see the Student Accounting & Cashiering Services website at www.csupomona.edu/~student-accounting/.

Applicant Information

Bronco Number: Major: Quarter/Year Applied:

Family Name: First Name: Middle Name:

NAME MUST MATCH PASSPORT EXACTLY

Date of Birth: Month: Day: Year: Male Female

Country of Birth: Country of Citizenship:

U.S. ADDRESS (if applicable):

Street Address:

City: State: Postal Code: Phone

HOME COUNTRY ADDRESS:

Street Address:

City: Province/Territory:

Country: Postal Code: Phone:

- 1. Are you currently outside the U.S., and planning to apply for an F-1 visa? Yes No
2. If not, are you transferring from a school in the U.S.? Yes No
3. Do you have an active SEVIS (I-20) record? Yes No
4. If you do have an active SEVIS record, what is your final date of study at your current school?

SIGNATURE

DATE

This Affidavit is not valid without the signature of the applicant. I understand the minimum amount of funds necessary for fees and living expenses at Cal Poly Pomona and I verify that the amount of support verified covers one year of study in the program to which I have applied. I understand that the amount stated above is an estimate of costs and can vary depending upon the number enrolled units taken each term. I also understand that I must obtain and maintain health insurance coverage for myself and my dependents for the full duration of my enrollment at Cal Poly Pomona.

Financial Support

Verification of financial support for the academic year must be submitted with bank statement(s) or written verification from a bank. Complete the section below that applies. Complete **Section A:** provide the name of the sponsor(s) and attach bank statement (s). **Section B:** the bank completes this section after verifying the availability of sufficient funds to support one year of costs.

A. Financial Certification of Sponsor

Bank statement(s), financial guarantee or scholarship letter can be attached to this completed form.

Name of All Sponsor (sponsor can be you, parent, relative or private) _____
MUST MATCH NAME ON BANK STATEMENT

B. Official Bank Verification (Can be fulfilled by attaching a separate **original/current** letter from the bank in English)

This is to certify that _____ is financially capable of meeting the financial commitment
PRINT NAME OF SPONSOR
of \$ _____.
ESTIMATED COST FROM PREVIOUS PAGE

If the funds are outside USA, timely transfer to the USA is permitted under the governments present regulations.

Print Bank Official Name _____

Bank Official Title _____

Bank Address _____

Signature of Bank Official _____



Dependent Information (Only if applicable)

Additional Expenses: for dependents:

Students who are married and plan to have dependent(s) live in the U.S. while attending Cal Poly Pomona calculate the additional amount of **\$5,000 for a spouse** and **\$3,000 for each child** to the estimated annual cost. Please complete the dependent information below.

Spouse's Family Name: _____ First Name: _____ Middle Name: _____
NAME MUST MATCH PASSPORT EXACTLY

Date of Birth: Month: _____ Day: _____ Year: _____ Male Female

Country of Birth: _____ Country of Citizenship: _____

Child Name: _____ First Name: _____ Middle Name: _____
NAME MUST MATCH PASSPORT EXACTLY

Date of Birth: Month: _____ Day: _____ Year: _____ Male Female

After submitting this document to the Admissions Office, request an I-20 via the International Center E-mail Box international@csupomona.edu.