



AFFIDAVIT OF FINANCIAL SUPPORT

F-IUG

Students are required to provide documentation of financial support before a form I-20 can be issued.

If the student will use his/her own personal funds as the source of financial support, the student **MUST PROVIDE AN OFFICIAL BANK STATEMENT** showing the availability of at least **\$26,564** in liquid assets. If the student will be supported by a private sponsor (family member, friend, or private institution), the sponsor must sign the Statement of Financial Obligation below. In addition, sponsors **MUST PROVIDE THEIR OFFICIAL BANK STATEMENT** showing the availability of at least **\$26,564** in liquid assets. Bank statements and financial affidavits cannot be older than 6 months.

California State University Channel Islands
Once University Drive, Camarillo, CA 93012-8599
FAX: (805) 437-8951

If the student will be sponsored by a public agency (embassy, home government, public institution, religious organization, etc.), the agency must provide official certification that the costs will be covered. Sponsorship statements cannot be older than 6 months.

Statement of Financial Obligation

Students requiring a form I-20 **must** complete this Statement of Financial Obligation and supply all appropriate documentation of financial support. If the student will be supported by funds other than his/her personal funds, the sponsor must sign below. If more than one sponsor will provide financial support, each sponsor must provide a separate letter declaring intent to sponsor. In addition, each sponsor must provide an official bank statement showing the availability of the necessary funds (please see Estimated Student Expenses below).

Sponsor's name (Print) _____ Relationship to student _____

Sponsor's signature _____ Date _____

Student's name (Print) _____

Student's signature _____ Date _____

By signing above, the student and sponsor, if applicable, certify that sufficient financial resources will be available to cover all expenses (please see Estimated Student Expenses above) for the duration of studies at CSU, Channel Islands. Further, by signing above, the student agrees to obtain and maintain adequate health insurance throughout the duration of studies.

If a spouse and/or children will be included on the I-20, please provide the following information (If necessary, use an extra sheet of paper).

Spouse _____ Date of Birth _____ Gender: Female Male
(Family or Surname), (First Name)

City, Country of Birth _____ Country of Citizenship _____

Child _____ Date of Birth _____ Gender: Female Male
(Family or Surname), (First Name)

City, Country of Birth _____ Country of Citizenship _____

Estimated Student Expenses (2 semesters-undergraduate program)

Non resident Tuition at \$339 per unit (12 units per semester)	\$8,136
Student Fees	\$3,028
Room & Board (variable)	\$9,800
Books and Supplies (variable)	\$700
Insurance (variable)	\$900
Other expenses (variable)	\$4,000
Total	\$26,564

U.S. Social Security Number or CSUCI Student Number (if available) _____

Name as it appears on Passport _____
(Family Name or Surname), (First Name or Given Name)

Date of Birth (Month Day, Year) _____ Gender: Female Male

City of BIRTH _____ Country of BIRTH _____ Country of CITIZENSHIP _____

If you are currently in the United States, what type of visa do you hold (F1, F2, B1, B2, H2, H3, etc.)?
