

## Undergraduate (Bachelor's) - Affidavit of Financial Support

F-1 Undergraduate International 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 **\$44,100** 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 **\$44,100** in liquid assets. Bank statements and financial affidavits cannot be older than 6 months. 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

*If more than one sponsor will provide financial support, each sponsor must provide a separate form 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).*

Student's name (Print) \_\_\_\_\_ Student ID (Dolphin ID) \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

If student is sponsored by another individual, the sponsor must sign below. If student is using own funds, no sponsor signature required.

Sponsor's name (Print) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Sponsor'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 below) 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.

**Estimated Student Expenses (2 semesters-undergraduate programs)** Fees are subject to change at anytime

Tuition (based on enrollment in 30 semester units per year) *	\$22,100	*Tuition & Fees are set to increase each Fall semester until 2028. See Link: <a href="https://www.calstate.edu/attend/paying-for-college/tuition-increase">https://www.calstate.edu/attend/paying-for-college/tuition-increase</a>
Health Insurance (12-month coverage) **	\$2,000	
Room & Food (living in campus housing) ***	\$16,000	
Books and Supplies (variable)	\$1,000	**Estimated cost of health insurance, 12-month coverage required from Gallagher Insurance for students living in the USA the full year.
Other Expenses, Personal & Transportation (variable)	\$3,000	
<b>Total</b>	<b>\$44,100</b>	***First-year students are required to live in campus housing their first year.

### Student Information

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

Date of Birth (Month/Day/Year) \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Non-Binary \_\_\_\_\_

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.)? \_\_\_\_\_ (please note we do not accept SEVIS transfer records in terminated or canceled status.)

### Permanent address in your HOME COUNTRY: Please print or type clearly

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province or State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Country: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have a dependent you would like to include on an F-2 visa)? Yes \_\_\_\_\_ No \_\_\_\_\_

### Dependent info on an F-2 Student Visa (if applicable, if no dependents, leave blank add \$5000 for spouse and \$3000 per child)

If a spouse and/or children will be included on the I-20 for an F-2 visa, please provide the following information (If necessary, use an extra sheet of paper). Send each dependent's passport.

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 of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

8/28/2025