

International Programs

Telephone: (805) 437-3107 E-mail: international@csuci.edu

Graduate (Master's) - Affidavit of Financial Support

All F-1 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 \$34,222 to \$39,172 (see page 2 for program specific estimates) 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 \$34,222 to \$39,172 (see page 2 for program specific estimates) 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

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 on page two).

Student's name (Print)		Student ID (Dol	phin ID)	
Student's signature	Date			
If student is sponsored by another individual, th required.	e sponsor must sign below. I	f student is using own	n funds, no s	oonsor signature
Sponsor's name (Print)	Relationship to	student		
Sponsor's signature	Date			
By signing above, the student and sponsor, if app (please see Estimated Student Expenses above) fr agrees to obtain and maintain adequate health in	or the duration of studies at C	SU Channel Islands. I		
All applicants holding or requiring F-1 student be issued. In addition, appropriate documentation of I-20.				
Student's Name as it appears on Passport				
(Family Student's Date of Birth (Month/Day/Year)	Name or Surname)		ne or Given Na Male	^{me)} _ non-Binary
City of BIRTHCountry of	BIRTH	Country of CIT	TIZENSHIP	
Permanent address in your HOME COUNTRY: Plo	ease print or type clearly			
Street Address:				
City:	Province or State:		Postal C	Code:
Country:		Phone number:		
Email Address				

Progr	am Cost E	stimates		
Enrollment and Student Fees for one year (two			t in 16 units per year.	
Most students will enroll in 9 units per semeste	er (18 units per y	ear) Cost		
Description MBA Enrollment Fees		\$13,302 (\$739 per unit)		
9 units per semester, 18 units first year, 33–36-un		\$13,302 (\$739 per unit)		
MS Biotechnology Enrollment Fees	nt program	\$17.172 (\$054 man unit) C	Sauraga with \$125 lab face	
	:4	\$17,172 (\$954 per unit). Courses with \$125 lab fee:		
9 units per semester, 18 units first year, 33–35-un MS Computer Science	nt program	BIOL 502, 505, 510 & 597 \$12,222 (\$679 per unit)	<i>l</i>	
9 units per semester, 18 units first year, 32- unit p	orogram	\$12,222 (\$679 per unit)		
Estimated Living Expenses (Variable)				
Room and board (living in campus housing)	\$15.4	5,490		
Books	\$944			
Other Expenses, Personal & Transportation	\$3,68			
Health Insurance (12-month coverage)	\$1,87			
		2,000 (less if visiting home country in summer)		
Total Estimated Living Expenses	\$22,0	100 (less if visiting nome co	ountry in summer)	
Totals for Financial Statement	025.0	202		
Master of Business Administration (MBA)		35,302		
Dual Degree (MS Biotechnology and MBA)		39,172		
MS Biotechnology & Bioinformatics		39,172		
MS Computer Science	\$34,2	34,222		
If you answered YES, please provide the following inform terminated or canceled status.)	ū	oto me do not decept 32	VIS MANSIEL LOCALES IN	
Name of School: City and State of School:				
Are you on OPT?YESNO				
If you answered YES, please provide the following inform	nation:			
Name of School that authorized your OPT:				
Date your OPT began: and end	ling date:		-	
Do you have a dependent(s) you would like to include on If a spouse and/or children will be included on the I-20, paper). Please provide copies of the passports of your dependent of your dependent of the passports of your dependent of you	please provide t	Yes No_ he following informatio	on (If necessary, use an	extra sheet of
	or children will need	l to submit additional documen	ntation of financial support (\$5,000 for spouse
Spouse	ī	Date of Birth		
Spouse(Family or Surname), (Given Name)				
City, Country of Birth Country o	of Citizenship		Gender: Female	Male
Child	I	Date of Birth		

(Family or Surname), (First Name)

City, Country of Birth_____ Country of Citizenship____ Gender: Female

Male