

# Financial Statement for International Exchange Students

## San Diego State University

**INSTRUCTIONS:** Complete ALL sections below in FULL. Signatures of applicant, sponsor and bank must be included. **Failure to complete all sections will result in the form being returned to you and your admission will be delayed.** Attach Bank Statement and/or funding award letter to this form and send directly to the International Student Center, SDSU, San Diego, CA 92182-5101. All international students must present satisfactory evidence of adequate funds available to meet financial obligations at SDSU. **Your papers for obtaining a student visa will not be issued until this form is received.**

**Estimated Minimum Costs of attending SDSU full-time for one academic year (9 months):**

Tuition*	Waived**	Living Expense	\$ 10,500	<b>TOTAL = US\$16,900 per year OR US\$ 8,450 per semester</b>
Registration*	Waived**	Personal Expenses	\$ 4,135	
Health Insurance	\$ 715	Books & Supplies	\$ 1,550	

\*Tuition and registration costs are subject to change by the Trustees of the California State University without prior notice.

\*\*Tuition and registration fees are waived when paid by an outgoing SDSU student.

### Section A. Applicant Information

Name \_\_\_\_\_  
Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Source of Financial Support to meet US\$16,900 per year or US\$8,450 per semester Requirement:

Your Own Funds .....US\$ \_\_\_\_\_  
Funds from Sponsor (Parent, Relative or Private) (name: \_\_\_\_\_)...US\$ \_\_\_\_\_  
Government or Private Scholarship (specify: \_\_\_\_\_)...US\$ \_\_\_\_\_  
**Total (must be US\$16,900 per year or US\$8,450 per semester or more)** **US\$ \_\_\_\_\_**

\*\*If family members will accompany you, additional financial support is required. See reverse side.

### Section B. Financial Certification of Sponsor (If Government or Private Scholarship, Leave section B blank & Attach Official Award Letter)

Name of Sponsor (sponsor can be yourself, parent, relative or private) \_\_\_\_\_  
Address of Sponsor \_\_\_\_\_  
Relationship to Sponsor \_\_\_\_\_  
Sponsor's Guarantee: \_\_\_\_\_

I, \_\_\_\_\_, Print Sponsor Name \_\_\_\_\_, guarantee that the sum of (US dollars) \$ \_\_\_\_\_ will be available for the above named student for the first academic year at SDSU. A comparable amount of money will be available for \_\_\_\_\_ years.

**Signature of Sponsor** \_\_\_\_\_ **Date** \_\_\_\_\_

### Section C. Official Bank Verification(Section C not required for scholarship. Section C can be fulfilled by attaching a separate letter from the bank in English)

This is to certify that \_\_\_\_\_ is financially capable of meeting the financial commitment as stated above.

(Note: Minimum US\$16,900 per year or US\$8,450 per semester) If funds are outside USA, timely transfer to the USA is permitted under the government's present regulations.

Print Bank Official Name \_\_\_\_\_  
Bank Official Title \_\_\_\_\_  
Bank Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Signature of Bank Official** \_\_\_\_\_ **Date** \_\_\_\_\_

### Section D. Signature of Applicant

I fully understand the minimum amount of money necessary for fees and living expenses at San Diego State University and I verify that a minimum of US\$16,900 per year or US\$8,450 per semester will be available per year for my study. I also understand that I must obtain and maintain health insurance coverage for myself (and my dependent, if J-1 student) for the full duration of my enrollment at SDSU which meets the following requirements: Medical benefits of US\$100,000 per accident or illness with co-payments not to exceed 25%, and maximum US\$100 deductible; Repatriation benefits of \$7500; Medical evacuation benefits of \$10,000. My insurance policy must also meet Title IX requirements and pay for pre-existing conditions after 6 months of continuous coverage. I promise to provide SDSU with proof of approved health insurance at the minimum levels specified and/or purchase the approved policy available at the SDSU International Student Center. I understand that providing false or misleading information can result in the denial of my application; or, if admitted, in my disenrollment from San Diego State University and/or deportation from the United States.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Dependent Information**

If your spouse or children will accompany you to the United States, you must provide proof of additional funding of \$4,500 per spouse and \$1,800 per child per academic year (9 months) in order for their names to be listed on your documents. For example, if you will bring your spouse and child, you will need to provide proof of  $16,900+4,500+1,800=$  US\$23,200 on the front side of this form. Please list names of dependents accompanying you below:

<u>Last Name</u>	<u>First Name</u>	<u>Relation</u>	<u>Country of Birth</u>	<u>Country of Citizenship</u>	<u>Date of Birth</u>
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