

Financial Statement for International Applicants

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. **IMPORTANT:** 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 and Fees* \$13,170 (MBA \$19,820)	Personal Expenses \$2,715	TOTAL	US\$29,150 (US\$35,800 MBA)
Living Expense \$10,950	Books and Supplies \$1,600		
Health Insurance \$715			

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

Section A. Applicant Information

Full Name _____
Family Name First Name Middle Name

Mailing Address _____ Date of Birth month/day/year _____ Country of Birth _____
Country of Citizenship _____
Phone _____ Email _____

Source of Financial Support to meet US\$29,150 (MBA \$35,800) Requirement:

Your Own Funds US\$ _____
Funds from Sponsor (Parent, Relative or Private) (name: _____)...US\$ _____
Government or Private Scholarship (specify: _____)...US\$ _____

TOTAL (must be US\$29,150, MBA- \$35,800 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, _____, guarantee that the sum of (US dollars) \$ _____ will be available for the above
Print Sponsor Name
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.
Print your name or sponsor name

(Note: Minimum US\$29,150, MBA- \$35,800) 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 _____

REQUIRED OFFICIAL BANK STAMP OR SEAL



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\$29,150 (MBA 35,800) 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 F-1 student) for the full duration of my enrollment at SDSU which meets the following requirements: Medical benefits of US\$250,000 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.

Signature of Applicant _____ **Date** _____

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 $28,800+4,500+1,800=$ US\$35,100 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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____