

Declaration of Finances for International Students (F1 & J1)

The following is an estimate of the cost of one academic year (3 quarters):

	<u>Undergraduate</u> (based on 12 units per quarter)	<u>Graduate</u> (based on 8 units per quarter)	<u>Graduate Business Professional Programs</u> *MBA (based on 8 units per quarter)	<u>Master of Science in Accountancy</u>	
				15 Month	12 Month
Tuition & Fees	\$15,492	\$13,782	\$17,838	\$31,375	\$24,975
Living Expenses	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
TOTAL	\$30,492	\$28,782	\$32,838	\$46,375	\$39,975

Fee Information:

The CSU makes every effort to keep student costs to a minimum. Fees listed in published schedules or student accounts may need to be increased when public funding is inadequate. Therefore, CSU must reserve the right, even after initial fee payments are made, to increase or modify any listed fees, without notice, until the date when instruction for a particular semester or quarter has begun. All CSU listed fees should be regarded as **estimates** that are subject to change upon approval by The Board of Trustees.

Section 1: APPLICANT INFORMATION AND LIST OF DEPENDENTS

Name on Application:

Family Name First Name Middle Name

Name on Passport:
(if different)

Family Name First Name Middle Name

Date of Birth (mm/dd/yyyy) Gender City and Country of Birth Country of Citizenship

If you are married and plan to have your dependents live in the U.S. while you are attending California State University, East Bay, please list your dependents below (if you need more space, please photocopy this form). **Additional assets are required for each dependent: \$5,000 for your spouse and \$2,500 for each child.**

Family Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Country of Citizenship	Gender	Relationship
1.							
2.							
3.							

****All nonimmigrant students must provide a foreign address, even if they are currently in the United States****

Street Address:

City & Postal Code:

Province/Territory:

Country:

Telephone Number:

Email Address:

Applicant's Signature: Date:

Section 2: SOURCES OF FUNDS

Please enter amount
of funds below.

YOU MUST PROVIDE REQUIRED DOCUMENTATION.

\$ _____ **PERSONAL FUNDS:** Funds must be in the student's name, and an original letter in English from the student's financial institution must be provided. The letter should include the student's name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

\$ _____ **SCHOLARSHIP, GOVERNMENT, OR OTHER AGENCY FUNDS:** An original letter in English from the sponsoring agency must be provided. The letter should include the student's name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

\$ _____ **FAMILY OR PRIVATE INDIVIDUAL AS SPONSOR:** Your sponsor must complete the affidavit below, **and provide an original letter in English from the sponsor's financial institution.** The letter should include the sponsor's name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

Sponsor's Name: _____ **Relationship:** _____

Sponsor's Complete Address: _____

I guarantee without reservation to support annually the educational costs and living expenses including tuition and fees, meals, books, supplies, health insurance, medical and emergency expenses, travel and personal expenses of the student named on the reverse of this form while s/he is enrolled at California State University, East Bay. I also agree to furnish additional support for this student's dependents traveling to the U.S.A., if any, as listed on the reverse of this form. I further guarantee that the student will not become a public charge during his/her stay in the United States.

Sponsor's Signature: _____ **Date:** _____

HEALTH INSURANCE COMPLIANCE

AGREEMENT TO OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE

Website Link: <http://www.csueastbay.edu/CIE/f1students/insurance.html>

I have read the terms above and agree to obtain and maintain health insurance coverage pursuant to CSU minimum requirements. I understand that I will not be allowed to register until I have provided proof of insurance that meets the stated requirements.

Signature

Date

Please complete this statement of finances completely.

The information you provide will determine what will appear on your I-20.