

## Financial Statement for Exchange Students

- **IMPORTANT:** International students must present evidence of sufficient funds available to meet financial obligations at SDSU.
- Your DS-2019 form for obtaining a student visa will not be issued until this form is received and approved.

INSTRUCTIONS: Sections A and D are required. Complete sections B and C if appropriate.

You **MUST** SUBMIT PROOF of each source of financial support as indicated in Section A. The following are acceptable:

- (1) Monthly bank statement | (2) Letter from the bank indicating funds available | (3) Official bank stamp (Section C) |
- (4) Government, Private or SDSU Scholarship. Submit form and/or proof of funds to: International Student Center, SDSU, San Diego, CA 92182-5101 | Fax: 619-594-1973 | Email: exchange@mail.sdsu.edu

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

Tuition and Fees\* **WAIVED**

Living Expenses (Food, Housing, Books/Supplies, Personal Expenses) US\$17,973

TOTAL US\$19,300 per year

Health Insurance US\$1,327

OR US\$ 9,650 per semester

\*Tuition and registration costs are subject to change by the Trustees of the California State University without prior notice. The amounts indicated above are estimates. Actual expenses may vary.

### Section A: Applicant Information

Full Name (name on passport) (Family Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ (Month/Day/Year) Phone \_\_\_\_\_ Email \_\_\_\_\_

Source of Financial Support: US\$ \_\_\_\_\_ Student Personal Funds  
US\$ \_\_\_\_\_ Funds from Sponsor (Parent, Relative or Private)  
US\$ \_\_\_\_\_ Government or Private Scholarship (specify: \_\_\_\_\_)  
US\$ \_\_\_\_\_ Funds from SDSU (specify: \_\_\_\_\_)

US\$ \_\_\_\_\_ TOTAL (must be at least US\$19,300 per year or US\$9,650 per semester)

\*\*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's name), guarantee that the sum of (US dollar) \$ \_\_\_\_\_ 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 is not required for scholarship, Section C can be fulfilled by attaching a separate letter from the bank in English)

This is to certify that \_\_\_\_\_ (print student's name or sponsor's name) is financially capable of meeting the financial commitment as stated above. (Note: Minimum US\$19,300 per year or US\$9,650 per semester). If funds are outside U.S., timely transfer to the U.S. 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\$19,300 per year or US\$9,650 per semester will be available for my study. I also understand that as an exchange student I am required to purchase the approved health insurance policy for myself (and my dependents) available at the SDSU International Student Center for the full duration of my enrollment at SDSU; and that only the policies listed on the ISC website at: <http://www.isc.sdsu.edu/content/Future/HealthInsurance.html>. will be accepted in lieu of the approved health insurance policy. 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 US\$5,250 per spouse and US\$2,625 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  $US\$19,300 + US\$5,250 + US\$2,625 = US\$27,175$  (per year) or  $US\$9,650 + US\$5,250 + US\$2,625 = US\$17,525$  (per semester) on the front side of this form. Please list names of dependents accompanying you below:

<u>First Name</u>	<u>Last Name</u>	<u>Relation</u>	<u>Gender</u>	<u>Country of Birth</u>	<u>Country of Citizenship</u>	<u>Date of Birth</u> (Month/Day/Year)
-------------------	------------------	-----------------	---------------	-------------------------	-------------------------------	------------------------------------------

---

---

---

---

---

---