

2016-17 FINANCIAL STATEMENT FORM FOR ADMITTED INTERNATIONAL GRADUATE STUDENTS ON THESIS/COMPREHENSIVE EXAMS

All international graduate students enrolled only in thesis or comprehensive exams, who require an I-20 extension, must submit this form and supporting financial documents to provide evidence of funding for the semester.

Submit this form and supporting documents to the International Student Center.

A. PERSONAL INFORMATION

Full Name (exactly as it appears on passport):

Family Name *First Name* *Middle Name*

Country of Citizenship: _____ **Country of Birth:** _____

Date of Birth (Month/Day/Year): _____ **SDSU RedID:** _____

Email: _____ **Contact Phone:** _____

B. SOURCE OF FINANCIAL SUPPORT

The **estimated** total cost required to attend for one semester covers tuition and fees, living expenses (housing, food, book, supplied, transportation), and health insurance. Actual expenses may vary.

GRADUATE STUDENTS ON THESIS/COMPREHENSIVE EXAMS	
Tuition and Fees	\$975
Living Expenses	\$7,758
Health Insurance	\$819
TOTAL	\$9,552 USD

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

Select the box or boxes below to indicate all sources of financial support. Supporting financial documents can not be older than six months and can be either in local currency or U.S. dollars.

- Applicant's Personal Funds:** Attach a bank statement or bank letter with the applicant's name and current balance of funds.
- Funding from Parent, Relative or Private Sponsor:** Attach a bank statement or bank letter with the sponsor's name and current balance of funds AND complete all parts of Section D.
- Government Sponsor:** Attach Government Sponsor Letter confirming the scholarship/sponsorship of tuition, fees and expenses.
- Athletic Scholarship:** Attach funding letter from the SDSU Department of Athletics indicating the amount awarded.
- Graduate Assistantship:** Attach funding letter from the department indicating the amount awarded.

C. STUDENT SIGNATURE

I understand the minimum amount of money necessary for fees, living expenses and health insurance (www.sdsu.edu/isc) at San Diego State University and I verify that the minimum amount indicated on this form will be available for each year of my studies. I understand that providing false or misleading information can result in my admission to the university being withdrawn.

Signature of Applicant **Date**

D. SPONSOR INFORMATION (Required of all students with funding from a parent, relative or private sponsor.) Complete all sections.

Name of sponsor: _____ **Relationship to applicant:** _____

I guarantee the amount of \$_____ will be available for the above named student for the next semester at SDSU.

Signature of Sponsor **Date**

F. DEPENDENT INFORMATION (For students bringing a spouse and/or children to the U.S. on an F2 visa.)

Please submit this page with a copy of the passport for each of your dependents. You must provide proof of additional funds of **\$6,353** USD for your spouse and **\$3,176** per child on your financial support documents in order for their names to be listed as dependents on the I-20.

Full Name (exactly as it appears on passport):

Family Name First Name Middle Name

Country of Citizenship Country of Birth

Date of Birth (Month/Day/Year): _____ **Gender:** Female Male **Relationship:** Spouse Child

Full Name (exactly as it appears on passport):

Family Name First Name Middle Name

Country of Citizenship Country of Birth

Date of Birth (Month/Day/Year): _____ **Gender:** Female Male **Relationship:** Spouse Child

Full Name (exactly as it appears on passport):

Family Name First Name Middle Name

Country of Citizenship Country of Birth

Date of Birth (Month/Day/Year): _____ **Gender:** Female Male **Relationship:** Spouse Child