

Financial Statement for International Applicants (External Degree Programs) 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:			
Tuition and Fees*	\$19,350	Living & Personal Expense	\$15,000
Health Insurance	\$715	TOTAL	US\$35,065

*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\$35,065 Requirement:

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

TOTAL (must be US\$35,065 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\$35,065) 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\$35,065 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\$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** _____

