

Financial Statement for Sports MBA International Applicants

- **IMPORTANT:** International students must present evidence of sufficient funds available to meet financial obligations at SDSU.
- **Your I-20/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: 619-594-1507 | Email: intl_admissions@sdsu.edu

Estimated Minimum Costs of attending SDSU full-time for one academic year (9 months):	
Tuition and Fees* US\$35,868	
Living Expenses (Food, Housing, Books/Supplies, Personal Expenses) US\$18,940	TOTAL US\$55,858
Health Insurance US\$1,050	

*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

Which type of school are you transferring from? _____ U.S. School _____ Non-U.S. School _____ Language School in the U.S.

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\$55,858)**

**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\$55,858. 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 _____



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\$55,858 will be available per year for my study. I also understand that I must obtain and maintain health insurance coverage for myself (and my dependents) for the full duration of my enrollment at SDSU which meets the requirements stated on the ISC website at: http://www.isc.sdsu.edu/Current/res_insurance.htm. 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 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 $US\$55,858 + US\$5,250 + US\$2,625 = US\$63,733$ 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)
-------------------	------------------	-----------------	---------------	-------------------------	-------------------------------	--
