

## Bank Certification

**INSTRUCTIONS:** This form must be completed and submitted with appropriate signatures. Please **mail directly to the International Education & Exchange Office (see address above)**. \*Section B must clearly show the account holder's name and must be dated within the last year.

<p><b>Estimated nonresident undergrad student budget based on one academic year:</b></p> <p>Nonresident Tuition at \$372 per unit \$8,928 Mandatory Student Fees \$4,662 Living Expenses (variable) \$13,521 Books/Supplies/Tests (variable) \$1,638 Health Insurance (variable) \$951 <b>TOTAL \$29,700</b></p>	<p>- Estimated nonresident budget for graduate students is \$28,404 (with Graduate Professional Fee, \$32,184). - Summer school fees are not included. - <b>Tuition and fees are subject to change by the Trustees of the California State University without prior notice.</b></p>	<p><u>Married Applicants.</u> If you plan to have your spouse and/or children live in the U.S. while you attend Cal State Fullerton, please provide financial verification for an additional \$5,000 per dependent. Other family members such as parents or siblings cannot be included on the I-20/DS-2019. Please complete SECTION C.</p>
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**Section A: Applicant Information** Term applying for (Check only one):  Fall Semester  Spring Semester Year \_\_\_\_\_

Full name as listed in your passport: \_\_\_\_\_  
Last Name/Family Name/Surname, First Name/Given Name Middle Name (if any)

Email Address: \_\_\_\_\_ CSUF Student ID: \_\_\_\_\_

Date of Birth     /    /     Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
mm dd yyyy

### BANK CERTIFICATION

**Section B: A bank official must fill out this section. Please give all amounts in US dollars.**

Name of Depositor \_\_\_\_\_ Relationship of Depositor to Student \_\_\_\_\_

Checking Account  
Date opened \_\_\_\_\_

Savings Account  
Date opened \_\_\_\_\_

Current balance \_\_\_\_\_

Current balance \_\_\_\_\_

Average balance \_\_\_\_\_ Date \_\_\_\_\_

Average balance \_\_\_\_\_ Date \_\_\_\_\_

Have accounts been maintained in a satisfactory manner for two or more years?  Yes  No

Current balance in the depositor's account at this bank: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Name of Bank Official: \_\_\_\_\_

**Bank Seal or Stamp  
(Required)**

Signature of Bank Official: \_\_\_\_\_

### Section C: Applicant's Signature

My signature certifies that all information given above is true and correct to the best of my knowledge.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_