



# National University

## Affidavit of Support for International Students

INSTRUCTIONS: Complete ALL applicable 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 National University, International Admissions Office, 9388 Lightwave Avenue, San Diego, CA, 92123-1426.

Please complete one of the following

- Submit a foreign financial letter in English, with U.S. dollar amount of US\$30,000 or more
- Complete Section C in lieu of bank statement or letter
- Submit two consecutive monthly statements with a beginning and ending balance of \$3,333 from a bank within the U.S.A.

**IMPORTANT: International students must present satisfactory evidence of adequate funds available to meet financial obligations at National University. Your papers for obtaining a student visa will not be issued until this form is received.**

Estimated minimum costs of attending National University full-time for one academic year (9 months): US\$30,000

\*Tuition and registration costs are subject to change without prior notice.

### Section A. Applicant Information

Last / family name(as it appears on your passport)

First Name / Given Name

Middle Name

Date of Birth

Country of Birth

Country of Citizenship

Phone

Email

### Source of Financial Support to meet US\$30,000 Requirement:

Your Own Funds (please print the name above the line)

US \$

Funds from Sponsor (Parent, Relative, or Private) please print the **name** above the line

US \$

Government or Private Scholarship (please **specify** above the line)

US \$

**Total (must be US\$30,000 or more)**

**US\$**

### Section B. Financial Certification of Sponsor (sponsor can be yourself, parent, relative, or private) (If government or private scholarship, leave section B blank and attach official award letter)

Name of Sponsor (Please print sponsor name as indicated on bank statement or financial letter provided)

Relationship to student

### Address of the Sponsor:

Number and Street Address

Apt. #

City / Town

Province / State

Postal / Zip Code

Country

### Sponsor's Guarantee:

I, \_\_\_\_\_, guarantee that the sum of (US dollars) \_\_\_\_\_

please print sponsor name

will be available for the above named student for the first academic year at National University. The same amount will be available on a yearly basis for the duration of the student's academic program.

X \_\_\_\_\_

Signature of Sponsor

Date (month, day, year)



# National University

## Affidavit of Support for International Students

**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. If bank is within the U.S.A., you must have the bank complete Section C and, in addition, submit the previous month's bank statement.

**Please complete all fields in this section**

This is to certify that \_\_\_\_\_ is financially capable of meeting the financial commitment as stated above.  
please print sponsor name  
(note: Minimum US\$30,000) If funds are outside USA, timely transfer to the USA is permitted under the government's present regulations.

Print Official Bank Name

Print Official Banker's Position

Bank Address

**Type of Account**

Checking / Current     Savings     Other: \_\_\_\_\_

**Total Funds** \_\_\_\_\_

In US Dollars

Date funds will be accessible

--	--	--	--	--	--

Month    Day    Year

X \_\_\_\_\_

Signature of Bank Official

\_\_\_\_\_

Date (month, day, year)

OFFICIAL BANK STAMP OR SEAL REQUIRED

**Section D. Signature of Applicant**

I fully understand the minimum amount of money necessary for fees and living expenses at National University and I verify that a minimum of US\$30,000 will be available per year for my study. I also understand that it is mandatory that I obtain and maintain health insurance coverage for myself and my dependent(s), if F-1 student(s) for the full duration of my enrollment at National University which meets the following minimum requirements: coverage of medical expenses of US\$250,000 and maximum US\$100 deductible for each injury or illness. I understand that providing false or misleading information can result in the denial of my application; or, if admitted, in my disenrollment from National University and/or deportation from the United States.

X \_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date (month, day, year)

**Dependent Information**

If your spouse or children will accompany you to the United States, you must provide proof of additional funding of \$3,000 per spouse and \$1,500 per child per academic year (nine 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\$30,000+3,000+1,500= US\$34,500 on the front side of this form. Please list names of dependents accompanying you below:

Last Name	First Name	Relation	Country of Birth	Country of Citizenship	Date of Birth