

AFFIDAVIT OF SUPPORT

California Institute for Human Science

701 Garden View Court, Encinitas CA 92024 USA

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The Immigration and Naturalization Service (INS) require that all international students, who desire to attend school in the US, provide evidence of financial stability. Please complete and sign Section A and attach the necessary supporting bank documentation. If you will be receiving financial assistance from your spouse, family, or through scholarship fund, please have your **Sponsor** complete **Section B** of this form and attach the necessary bank documentation. Providing false or misleading information may subject you to suspension from the California Institute for Human Science and/or deportation from the US.

Your (sponsor's) bank letter must indicate an annual minimum amount of \$26,520 (for your M.A. Program or for your Ph.D. Program) in either your/sponsor's bank account;

Section A: APPLICATION MUST COMPLETE AND SIGN:

Applying for: Fall 20 ____ Winter 20 ____ Spring 20 ____ Summer 20 ____

Marital Status: Single Legally Married

Applicant's Family Name First Name Middle

Mailing Address

Address in Your Country

Phone Number Fax Number E-mail Address

Name of Spouse: _____

Spouse's date of birth ____/____/____ Country of Birth _____
 MM DD YY

List all dependents' names, dates of birth, country of birth, and relationship (use additional paper if necessary):

Will your dependents come to the US with you? Yes No

Please identify your source of funds (check as many as are appropriate):

(Enclose a bank letter, bank statements, or scholarship award letter).

Personal Savings Family Funds Scholarship
(given name, duration and amount)

Other source (give name, duration, and amount)

I certify that a minimum of _____ will be available to cover my financial obligation at the California Institute for Human Science.

Applicant's Signature* Today's Date

PLEASE SEE REVERSE SIDE OF THIS PAGE FOR SECTION B

Section B: FINANCIAL SPONSOR MUST COMPLETE AND SIGN (If applicable).

(Enclose a back letter, bank statements, or scholarship award letter).

Name of Sponsor Relationship to Student

Address of Sponsor Phone

Name of Scholarship Foundation and Address (If applicable):

As financial sponsor of the above applicant, I certify that a minimum of _____ will be made available to cover the student's financial obligations at California Institute for Human Science.

Sponsor's Signature* Today's Date

*ALL SIGNATURES MUST BE ORIGINAL.
PHOTO COPIES UNACCEPTABLE.

Estimated annual student costs based on a 12-month year & 32 units full time status.

MASTER OF ARTS PROGRAM

DOCTOR OF PHILOSOPHY PROGRAM

Tuition	7,640 (\$238.75/unit x 32)	Tuition	7,640 (\$238.75/unit x 32)
Rent & Utilities (Gas, electric, phone)	9,950	Rent & Utilities (Gas, electric, phone)	9,950
Food	2,500	Food	2,500
Transportation	2,800	Transportation	2,800
Health Insurance	630	Health Insurance	630
Books & Fees	1,500	Books & Fees	1,500
Miscellaneous	1,500	Miscellaneous	1,500
TOTAL	<u>\$26,520</u>	TOTAL	<u>\$26,520</u>

Please expect your initial moving and relocation costs (which will include, but not limited to: airfare, initial transportation, first and last month's rent, utilities activation, furnishing, food, etc.) to be in the range of \$13,000.