AFFIDAVIT OF SUPPORT
California Institute for Human Science
701 Garden View Court, Encinitas CA 92024 USA
Tel. (760) 634-1771 Fax. (760) 634-1772 E-Mail :admin@cihs.edu

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 $25,760 (for your M.A. Program or for your Ph.D. Program) in either your/sponsor’s bank account;
OR
You or your Sponsor must provide two current/recent bank statements, each one showing that a minimum of $2,840 (for your M.A. Program or for your Ph.D. Program) goes in and out of the account each month.

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 Founds
- Scholarship

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.

<table>
<thead>
<tr>
<th></th>
<th>MASTER OF ARTS PROGRAM</th>
<th>DOCTOR OF PHILOSOPHY PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>6,880 ($215/unit x 32)</td>
<td>6,880 ($215/unit x 32)</td>
</tr>
<tr>
<td>Rent &amp; Utilities</td>
<td>9,950</td>
<td>9,950</td>
</tr>
<tr>
<td>(Gas, electric, phone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>2,500</td>
<td>2,500</td>
</tr>
<tr>
<td>Transportation</td>
<td>2,800</td>
<td>2,800</td>
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<tr>
<td>Health Insurance</td>
<td>630</td>
<td>630</td>
</tr>
<tr>
<td>Books &amp; Fees</td>
<td>1,500</td>
<td>1,500</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1,500</td>
<td>1,500</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$25,760</td>
<td>$25,760</td>
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</tbody>
</table>

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.

Form IAF-1:Rev.11/01/01