



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\$33,500
- ☐ Complete Section C in lieu of bank statement or letter
- ☐ Submit two consecutive monthly statements with a beginning and ending balance of \$3,722 from bank within the U.S.A.

IMPORTANT: International students must present satisfactory evidence of adequate funds available to meet financial obligation at National University. Your papers for obtaining a student visa will not be issued until this is received. Estimated minimum costs of attending National University full-time for one academic year (9 months): \$33,500

*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\$33,500 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\$33,500 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 _____
please print sponsor name US dollars

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

X _____
Signature of Sponsor

Date (month, day, year)



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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 of \$33,500) If funds are outside USA, Timely transfer to the USA is permitted under the governments' 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 (MM/DD/YY) _____

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\$33,500 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\$50 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 in your documents. For example, if you bring your spouse and child, you will need to provide proof of US\$33,500+\$3,000+\$1,500= US\$38,000 in 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____