

Participants must show proof that they have the available funds to support themselves for the entire length of the program at Cal State LA. **Study in LA** students are not eligible for financial aid through Cal State LA. Please keep in mind that your expenses will vary depending on your choice of accommodation and your personal spending habits. All expenses are the student's financial responsibility. Please note that students must demonstrate a minimum standard of financial resources in order to qualify for the immigration document issued by our office and the visa issued by the U.S. Consulate.

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Estimated Expenses - Fall Semester 2018 - about 16 Weeks	
Study In LA Tuition & Fees - Includes: 12 units of study; Mandatory Health Insurance; Student Health Center, USU Fitness Center; Some Socials & Events, and Program Administration	Student's Financial Responsibility
	\$6,205*
Living Expenses (estimated)	\$8,136*
Books and Supplies (estimated)	\$930*
<b>Total (minimum cash needed in bank)</b>	<b>\$15,271*</b>

\* Cost subject to change without notice

### SOURCE OF FINANCIAL SUPPORT

Indicate the amount of financial support in U.S. dollars each category available for the duration of your participation in the program.

Name \_\_\_\_\_  
\*As on your passport      Last Name      First Name      Middle Name

Personal/family funds:	\$ _____	
Home University funds:	\$ _____	School Name
Government Funds	\$ _____	or Gov Agency: _____
Other funds:	\$ _____	Description: _____
<b>Total funds available:</b>	<b>\$ _____</b>	

### CERTIFICATION OF FINANCIAL SUPPORT FROM SPONSOR - Your sponsor must complete this section. Sponsor's name must match the name on the bank statement.

"I guarantee that the sum of (U.S. dollars) \$ \_\_\_\_\_ will be available to \_\_\_\_\_ for his/her study at California State University, Los Angeles."  
Student's name

Name of sponsor \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address of sponsor \_\_\_\_\_

Sponsor's signature \_\_\_\_\_ Date \_\_\_\_\_

#### Bank Certification: 2 methods - Choose one 1) This section can be completed by a bank official OR 2) You may submit a bank statement on bank letterhead with the bank stamp or seal and bank official's signature.

Name of depositor: \_\_\_\_\_

Account type:  Checking  Savings  Other \_\_\_\_\_

Current balance: \$ \_\_\_\_\_ in U.S. Dollars

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of bank official: \_\_\_\_\_

Signature of bank official: \_\_\_\_\_

Bank Seal or Stamp (Required)