

INSTRUCTIONS: Please complete all sections of this form. Your Certification of Finance form needs to be submitted to California Northstate University (CNU) before your application decision can be finalized. Please attach an original bank statement and/or funding award letter to this form and return it directly to the Student Financial Aid Office, 9700 West Taron Drive, Elk Grove, CA 95757.

Certification of Finance should reflect at least the following amounts of support. Please see table below for current tuition and fees. You must demonstrate financial support for current academic year at the time of initial application. International students must present evidence of adequate funds available to meet financial obligations at California Northstate University. CNU will not be able to issue an I-20 until this form is received. For further detailed instructions on how to complete this form, please contact JoAnne Hansana, Financial Aid Manager at 916-686-8784 or jhansana@cnsu.edu.

Master of Healthcare Administration Degree Program- Tuition & Fees per Year for 2022-2023

Tuition & Fees	Year 1-MHA 1	Year 2-MHA 2
Tuition	\$26,774.00	\$28,112.00
Student Activity Fee	\$320.00	\$320.00
Technology Fee	\$75.00	\$75.00
Orientation Fee	\$75.00	\$0.00
Enrollment Fee (nonrefundable)	\$200.00	\$0.00
Service-Learning Activity Fee (Optional International Trip)	\$0.00	\$3,300.00
Student Tuition Recover Fee ⁴ (STRF)	\$149.00	\$0.00
Graduation Fees	\$0.00	\$350.00
Total Estimated Tuition and Fees Per Year	\$27,593.00	\$31,157.00

Total cost for the 2-year Master of Healthcare Administration program \$59,750.00

Estimated Other Optional Educational Related Costs ¹	Year 1-MHA 1	Year 2-MHA 2
Health Insurance premium ²	\$3,345.00	\$3,345.00
Books and Supplies	\$2,500.00	\$2,500.00
Room and Board (based on 12 months)	\$26,455.20	\$26,455.20
Transportation (based on 12 months)	\$5,450.04	\$5,450.04
Total Estimated Tuition & Fees per Year³	\$65,343.24	\$69,907.24

¹ Estimated costs a student may incur as part of participation in the applicable year of the Master program, whether or not paid directly to CNU.

² Optional, estimated, and will increase based on number of insured members.

³ Includes tuition, fees, and other estimate educational related costs.

⁴ The STRF fee was re-instated to \$0.50 per \$1,000 of institutional charges on February 8, 2021.

(Note: MHA1-Year 1 in the MHA program, MHA2-Year 2 in the MHA program)
Summer courses are included in Fall billing.

1. Name

Mr. Ms. Mrs. Miss

Last (family surname)

First (birth given)

Middle

2. Permanent Address

3. Mailing Address (if different than above)

4. Date of Birth

___ / ___ / _____

5. Place of Birth (country)

6. Country of Citizenship

7. Expected Visa Type

F-1 _____

Other (specify) _____

8. Enter the expected amount of annual support from the source listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use additional sheet of paper for explanations, if necessary.

Student's Source of Funds	Actual Fund	Estimated Fund
8a. Personal or Family Savings	2022-2023	2023-2024
_____	\$ _____ .00	\$ _____ .00

Signature of Bank Official

Title

Name of Bank

Address of Bank

Date

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the application on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8b. Parents (Money available from source other than savings)	2022-2023	2023-2024
_____	\$ _____ .00	\$ _____ .00

Parent's Name

Relationship _____

Please describe the source:

Signature of Parent

Date

Address

Official Certification of Source of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8c. Parents (Money available from source other than savings)

2022-2023

2023-2024

 Sponsor's Name \$ _____ .00 \$ _____ .00

 Sponsor's Name \$ _____ .00 \$ _____ .00

Please describe the source:

Signature of Sponsor

 Date

Address

 Relationship of Sponsor to Student

Official Certification of Source of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8d. Your Government

 Name of Agency \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00

Enclose a signed copy of your letter of award with this form.

Total \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00

9. What is the present exchange rate of your country's currency to the U.S. dollar?

(For example, 3,100 pesos = \$1)

_____ = \$1

10. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?

No Yes

If YES, describe restrictions.

11. Do you have a source for emergency funds once you arrive in the U.S.?

No Yes

If YES, name source.

Amount available in U.S. dollars \$ _____ .00

12. How will you pay for your transportation to the U.S.?

13. What is the total amount of money you expect to have when you arrive at this institution?

\$ _____ .00

14. Do you plan to remain in the U.S. during the summer?

No Yes

15. If remaining in the U.S., do you plan to attend summer school?

No Yes

16. What are the sources and amounts of support available to you during the summer?

_____	\$ _____	.00
_____	\$ _____	.00
_____	\$ _____	.00
_____	\$ _____	.00

17. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. Consul to obtain a visa.

Signature _____ Date ____/____/____
Month Day Year

I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

FOR OFFICE USE ONLY

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility

SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____

NAME OF INSTITUTION _____

ADDRESS _____ DATE _____