



INTERNATIONAL STUDENT CERTIFICATION OF FINANCES

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.

Bachelor of Science in Health Sciences- Tuition & Fees for Academic Year: 2018-2019

Tuition & Fees	Amount	Class
Tuition	\$32,700	Y1, Y2, Y3, Y4
Lab Fee	\$500.00	Y1, Y2, Y3, Y4
Student Association and Activity Fee	\$100.00	Y1, Y2, Y3, Y4
Technology Fee	\$50.00	Y1, Y2, Y3, Y4
Orientation Fee	\$50.00	Y1
Graduation Fees ²	\$300.00	Y4
Y1 Total Tuition & Fees per Year ¹	\$33,400.00	
Y2 Total Tuition & Fees per Year ¹	\$33,350.00	
Y3 Total Tuition & Fees per Year ¹	\$33,350.00	
Y4 total Tuition & Fees per Year ¹	\$33,650.00	

Total Tuition & Fees for the entire 4-year College of Health Sciences undergraduate program estimated at \$140,000 to \$145,000; see headnote 1 below re 3+4 and 2+4 Combined Programs.

Estimated Other Optional Educational Related Costs ³	Amount	Class
Health Insurance premium ⁴	\$3,200.00	Y1, Y2, Y3, Y4
Books and Supplies ⁵	\$1,600.00	Y1, Y2, Y3, Y4
Room and Board ⁵	\$23,272.00	Y1, Y2, Y3, Y4
Transportation ⁵	\$4,648.00	Y1, Y2, Y3, Y4
Y1 Total Estimated Cost per Year⁶	\$66,120.00	
Y2 Total Estimated Cost per Year⁶	\$66,070.00	
Y3 Total Estimated Cost per Year⁶	\$66,070.00	
Y4 Total Estimated Cost per Year⁶	\$66,370.00	

1

Total Tuition and Fees estimated at range of \$140,000 to \$145,000 through completion of entire four year traditional undergraduate program; assumes completion within four years prescribed time and 3% to 5% estimated annual tuition increases; estimated tuition increases are not binding on the University. This estimate for students in the 3+4 and 2+4 Combined Programs needs to be adjusted to reflect the Period of Attendance on CNU College of Health Sciences campus, with the Period of Attendance at CNU Colleges of Medicine or Pharmacy based on the tuition and fees while at the latter two Colleges.

2 Covers regalia, graduation dinner, diploma cover, transcripts, etc.

3 Costs and expenses a student may incur during the applicable year of the program, whether or not paid directly to CNU or CNUCHS. These expenses include estimated out-of-pocket cost of living expenses for the year.

4 Provided and charged by outside healthcare insurance plan; optional, estimated, and may increase or decrease based on the number of insured participants and other factors.

5 Estimated amount of student's individual housing, food, and transportation costs, not operated by, charged by, or paid to CNU.

6 Total Tuition and Fees from first table, plus estimated items from second table that student may incur, including estimated cost of living items not paid to CNU.

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

8a. Personal or Family Savings

Actual Fund

2018-19

\$ _____ .00

2019-20

\$ _____ .00

Estimated Fund

2020-21

\$ _____ .00

2021-22

\$ _____ .00

Signature of Bank Official

Date

Title

Name of Bank

Address of Bank

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)

\$ _____ .00

Parent's Name

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

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)

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

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

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

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

Name of Agency

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 _____