I-20 REQUEST FORM / FINANCIAL AFFIDAVIT

Your new I-20 will be issued only after the International Office has verified all documents, including a valid passport, I-94 record, and financial documents. Processing of your new I-20 can take approximately two weeks.

STUDENT INFORMATION			
Name	CIN		
Last Name	First Name	Middle	
Physical U.S. Address			
Phone	Email		
PURPOSE OF REQUEST			
□ Replacement I-20	☐ Change Major to		
□ Program Upgrade	□ Other		

- Add Dependents You must submit document showing the legal relationship (copy of marriage or birth certificate; with English translation if necessary) and new financial documents/affidavit for yourself and dependents. Attach copy of dependents' passport biographical page.
- Change of Major/Program Upgrade The information must be updated in GET prior to issuance of new I-20. If you have been at Cal State LA for more than one year, you must provide new financial documents/affidavit.

The approximate amounts required for an unmarried student for one academic year (nine months) are:

ESTIMATED EXPENSES	Undergraduate (24 units / 2 semesters)	Graduate (18 units / 2 semesters)	Credential (18 units / 2 semesters)	MAIMS/MBA in Business	Doctorate (26 units / 12 months*
Tuition and Fees	\$15,285	\$14,320	\$13,930	\$18,890	\$27, 232*
Living Expenses	\$20,180	\$20,180	\$20,180	\$20,180	\$26,900*
Health Insurance	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
TOTAL	\$36,665	\$35,700	\$35,310	\$40,270	\$55,332

The fees are subject to change. Married students who are accompanied by a spouse and/or children must show additional funds of \$4,500 for the spouse and \$3,000 per child for one academic year (nine months).

DEPENDENT INFORMATION (spouse and children currently/will be on F-2 visa status)

Relationship	Family Name	First Name	Gender	Date of Birth (MM/DD/YYYY)	City/Country of Birth	Country of Citizenship
Spouse						
Child 1						
Child 2						

		•	1,	blank and attach official award letter
l,Name of spor	nsor (print)		, residing at	Street Address
			certify that I will as	ssume full financial responsibility,
City State Postal c	or Zip code	Country	, ocrany that I will as	same full illianolal responsibility,
ncluding educational and living	g expenses for	the above-named	I student while he or s	he is enrolled at Cal State LA.
Signature of sponsor		 Relationship to st	udent	Date (month/day/year)
FINANCIAL INFORMATION Attach the sponsor's financial o	document(s).	Γhe bank stateme	nt and/or letter must b	e dated within 6 months and clear
Name and address of the ba Current available balance in		ith the name of th	e account holder	
	cial Evidence Checking acco		ents may include the	following
 Certificate 	or Time Depo	sits with the matur	rity date in the future	
				om Government Sponsors or Foreigr d validity period of financial support.
 Official Sc 	holarship Awa	rd Letter from spo	nsor	
OR: Have a bank official fill out	t the Bank Cer	tification section b	elow	
BANK CERTIFICATION				
Name of Account Holder			Current bala	nce (in U.S. dollars)
Account type: Checking	☐ Savings	☐ Other		
Bank Name				
Bank Address				Bank seal or stamp (required)
Name of bank official				
Signature of bank official				
STUDENT'S SIGNATURE				nimum of money necessary for fees

Date (month/day/year)

Signature of Student