

AFFIDAVIT OF SUPPORT FOR INTERNATIONAL STUDENTS SEEKING F-1 VISA STATUS

International students who are admitted into a degree program at CIHS must receive a Certificate of Eligibility (Form I-20) to enable them to obtain an F-1 Student Visa to enter and/or remain in the U.S. in legal F-1 student status. This federal immigration requirement applies to both international students who are coming from abroad and to F-1 students who are transferring from another U.S. institution inside the United States.

I-20 Requirements: For CIHS to issue you a Form I-20 once you are accepted, you must submit the following:

- 1) This form with **Section A** and **Section B** both completed, including original signatures from both you (the student) and your sponsor(s), if applicable.
- 2) A copy of your passport biographical page (and visa page, if you are in the United States). If your dependents (spouse/children) will join you, please provide a copy of each dependent's passport biographical page, marriage certificate for you and your spouse in English, and the birth certificates for your children in English.
- 3) Original bank statement(s), on bank letterhead, in your name or in your sponsor's name. Please note:a) Bank statement(s) must be no more than 3 months old at the time of submitting this form.

b) The account balance(s) must be shown in amounts greater than or equal to the amount listed below for a minimum of one academic year.

c) Bank statements must be for a checking, savings, or time deposit account. Brokerage (stock funds), real estate, or any other non-liquid assets are **<u>not</u>** acceptable.

d) Bank statements must be written in English or include a certified English translation, and in U.S. dollar currency or its foreign equivalent in your home country currency in amounts greater than or equal to \$55,340.

Note: Add \$5,000 per year for each additional dependent (spouse or child) joining you.

	M.A. & Ph.D. Programs			
Tuition Per Year	\$15,040 (per year)			
Rent & Utilities	\$24,000 (per year)			
Food	\$7,800 (per year)			
Transportation	\$3,000 (per year)			
Health Insurance	\$1,000 (per year)			
Books & Fees	\$2,000 (per year)			
Miscellaneous	\$2,500 (per year)			
TOTAL	\$55,340			
If with dependents	Add \$5000 to above amount for each dependent			

Estimated Annual Costs Based on a 12-Month, Full-Time Enrollment at CIHS

SECTION A: STUDENT AND DEPENDENTS

Student's Name:						
Email Address:	Phon	Phone Number:				
Mailing Address:		(stree	(street address)			
	/	/	/_			
City	State/Provinc	ce	Zip/Postal Code	Country		
Degree Program: DMA PhE	Major at CIHS:		_ Concentration:			
Enrollment Quarter: 🛛 Fall	□ Winter □ Spring □ Su	ummer	Year:			
Name of Spouse:		Spouse'	s date of birth (mm/dd/yyy	/)		
Spouse's Country of Birth	Spouse's Country of Citizenship					
List all dependents' (your children necessary and provide copies of your copies o		•				
Will your dependents come to the	ne U.S. with you? □ Ye	s 🗆	No			
Please identify your source of Personal Funds Famile I certify that a minimum of \$	ly Funds 🛛 Scholarship	Other so	ource (specify) be available to cover my e			
CIHS. (Enclose a bank letter, ba Student's Signature			oday's Date (mm/dd/yyyy)			
SECTION B: SECTION FOR	FINANCIAL SPONSOR (lf applicable				
	Relationship to Student:					
Email Address:	Phone Number:					
Mailing Address:						
			/////////			
City	State/Provinc	ce	Zip/Postal Code	Country		
Name of Scholarship Agency, p	oint of contact, phone number	r, email, and a	address (if applicable):			
As the financial sponsor of th will be made available to cove award letter).						