

 **SEMESTER IN LA** **DECLARATION AND CERTIFICATION OF FINANCES**

Participants must show proof that they have the available funds to support themselves for the entire length of the program at Cal State LA. **Semester In LA** students are not eligible for financial aid through Cal State LA. Please keep in mind that expenses will vary depending on choice of accommodation and 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 for the visa issued by the U.S. Consulate.

<b>Estimated Expenses - Fall Semester 2023 - about 16 Weeks</b>	
<b>Semester In LA Tuition &amp; Fees - Includes: 12 units of study; Mandatory Health Insurance; Student Health Center, USU Fitness Center; Some Socials &amp; Events, and Program Administration</b>	<b>Student's Financial Responsibility</b>
	\$6,375
Living Expenses (estimated)	\$10,199*
Books and Supplies (estimated)	\$930*
<b>Total (minimum cash needed in bank)</b>	<b>\$17,504</b>

\* Cost subject to change without notice. Denotes estimated expenses and are subject to personal spending habits. The application fee of \$200 is not included in the SILA program fees.

**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      Family Name      First Name      Middle Name(s)

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)

**SIGNATURE OF STUDENT:** \_\_\_\_\_