



# Financial Statement for International Applicants

National University, International Programs Office  
Spectrum Business Park Campus, 9388 Lightwave Avenue, San Diego, CA 92123-1426

**INSTRUCTIONS:** Complete ALL sections below in FULL. Signatures of applicant, sponsor and bank must be included. **Failure to complete all sections will result in the form being returned to you and your admission will be delayed.** Attach Bank Statement and/or funding award letter to this form and send directly to National University, International Programs Office, Spectrum Business Park Campus, 9388 Lightwave Avenue, San Diego, CA 92123-1426.

Please complete one of the following:

- Submit two consecutive monthly statements with a beginning and ending balance of \$3,333 from a bank within the U.S.A.
- Submit a financial letter in English, with U.S. dollar amount
- Complete Section C in lieu of bank statement or letter

**IMPORTANT:** International students must present satisfactory evidence of adequate funds available to meet financial obligations at National University. **Your papers for obtaining a student visa will not be issued until this form is received.**

**Estimated minimum costs of attending National University full-time for one academic year (9 months): US\$30,000**

*\*Tuition and registration costs are subject to change without prior notice.*

## Section A. Applicant Information

Full Name \_\_\_\_\_  
Family Name First Name Middle Name

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
month/day/year

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Source of Financial Support to meet US\$30,000 Requirement:

Your Own Funds..... US\$ \_\_\_\_\_

Funds from Sponsor (Parent, Relative or Private) (name: \_\_\_\_\_) US\$ \_\_\_\_\_

Government or Private Scholarship (specify: \_\_\_\_\_) US\$ \_\_\_\_\_

TOTAL (must be US\$30,000 or more)..... US\$ \_\_\_\_\_

*\*\*If family members will accompany you, additional financial support is required. See reverse side.*

## Section B. Financial Certification of Sponsor (If government or private scholarship, leave section B blank and attach official award letter)

Name of Sponsor (sponsor can be yourself, parent, relative or private) \_\_\_\_\_

Address of Sponsor \_\_\_\_\_

Relationship to Sponsor \_\_\_\_\_

Sponsor's Guarantee:

I, \_\_\_\_\_, guarantee that the sum of (US dollars) \$ \_\_\_\_\_  
Print Sponsor Name  
will be available for the above named student for the first academic year at National University. A comparable amount of money will be available for \_\_\_\_\_ years.

Signature of Sponsor   X   \_\_\_\_\_ Date \_\_\_\_\_  
month/day/year

**Section C. Official Bank Verification (Section C not required for scholarship; Section C can be fulfilled by attaching a separate letter from the bank in English).** If bank is within the U.S.A. you may have the bank complete Section C and in addition, submit the previous month's bank statement.

This is to certify that \_\_\_\_\_ is financially capable of meeting the financial commitment as stated above.  
Print your name or sponsor name

*(Note: Minimum US\$30,000) If funds are outside USA, timely transfer to the USA is permitted under the government's present regulations.*

Print Official Bank Name \_\_\_\_\_

Print Official Banker's Title \_\_\_\_\_

Bank Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Total Funds \_\_\_\_\_ Funds Accessibility Date \_\_\_\_\_

Signature of Bank Official X \_\_\_\_\_ Date \_\_\_\_\_



**Section D. Signature of Applicant**

I fully understand the minimum amount of money necessary for fees and living expenses at National University and I verify that a minimum of US\$30,000 will be available per year for my study. I also understand that it is mandatory that I obtain and maintain health insurance coverage for myself (and my dependent, if F-1 student) for the full duration of my enrollment at National University which meets the following requirements: minimum medical benefits of US\$250,000 and maximum US\$100 deductible for each injury or illness. I understand that providing false or misleading information can result in the denial of my application; or, if admitted, in my disenrollment from National University and/or deportation from the United States.

Signature of Applicant X \_\_\_\_\_ Date \_\_\_\_\_

**Dependent Information**

If your spouse or children will accompany you to the United States, you must provide proof of additional funding of \$3,000 per spouse and \$1,500 per child per academic year (nine months) in order for their names to be listed on your documents. For example, if you will bring your spouse and child, you will need to provide proof of US\$30,000 +3,000+1,500= US\$34,500 on the front side of this form. Please list names of dependents accompanying you below:

Last Name	First Name	Relation	Country of Birth	Country of Citizenship	Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____