



**AUBURN UNIVERSITY
AT MONTGOMERY**

**Supplemental
International Student
Information Form**

Office Use Only:

SID: _____

Received: ____/____/____

Status: _____

All accepted international applicants for admission into Auburn University at Montgomery are required to complete this form. **PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION.**

LEGAL NAME AS IT APPEARS ON YOUR PASSPORT		
Family Name <u>FNU</u>	First Name <u>JASHAN</u>	Middle Name
COUNTRY OF BIRTH <u>INDIA</u>	COUNTRY OF CITIZENSHIP <u>INDIA</u>	NATIVE LANGUAGE <u>HINDI</u>

SEX: ☒ MALE ☐ FEMALE DATE OF BIRTH: Month: 09 Day: 16 Year: 2002

PRIMARY EMAIL ADDRESS	SECONDARY EMAIL ADDRESS
<u>Jashanfnu2002@gmail.com</u>	

I-20 MAILING ADDRESS		
Street and Number <u>HNO. 142-A, GURU NANAK NAGAR, TRIPUR</u>		
City <u>PATIALA</u>	State/Province <u>PUNJAB</u>	ZIP/Postal Code <u>147001</u>

Country (If not U.S.) <u>INDIA</u>	Telephone Number (including area/country code) <u>+91-9821991836</u>
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INTERNATIONAL MAILING ADDRESS (Required if I-20 mailing address is inside the U.S.)		
Street and Number		
City	State/Province	ZIP/Postal Code
Country (If not U.S.)	Telephone Number (including area/country code)	

Are you currently studying at another U.S. institution?

Yes: NA

No: X NA

Print school name: NA

If yes, are you studying on an F-1 student visa? NA Yes NA No

If yes, attach a copy of your current I-20 certificate.

SHIPPING PREFERENCE:

MUST SELECT ONE

____ Express Mail (at your expense through eShipGlobal)

____ Regular Airmail (3-12 week delivery time)

If none selected, packet will be sent via regular airmail.

I certify that the above information is true and correct.

Signature (Must be signed; no electronic signatures)

Jashan

Date

MAY 31, 2025

AUM Office of Global Initiatives	Telephone: 334-244-3375	global@aum.edu
PO Box 244024 Montgomery, AL 36124-4023	www.aum.edu/admissions/international-student-admission	



Alliant International University

2024 INTERNATIONAL STUDENT FINANCIAL CERTIFICATION

INSTRUCTIONS: Please complete all sections of this form in full. Signature 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 original bank statement and/or funding award letter to this form and return it directly to the **Admissions Processing Center, Alliant International University, 10455 Pomerado Road, San Diego, CA 92131.**

IMPORTANT: International students must present satisfactory evidence of adequate funds available to meet financial obligations at Alliant International University. Our office will not be able to issue you an I-20 to obtain a student visa until this form is received.

All international student applicants who wish to attend Alliant International University must submit proof of financial support for their studies while in the United States. International students must NOT depend on working either on or off campus any time during their stay in the United States. Students must consider such factors as inflation and foreign exchange fluctuations when figuring out the total cost of study.

U.S. Immigration regulations require that a student attend school full-time for Fall and Spring semesters of each year (total nine months). **Full-time for a graduate student is eight (8) or more units per semester.** The CSPP (clinical, Marital and Family Therapy), Clinical Counseling, Organizational Psychology), and CSFS (forensic) program budgets below include estimated expenses for **nine months** including an average of 15 units per semester in Fall and Spring. Organizational Behavior and Organizational Development budgets are based on 25 and 22 units per year respectively. CSOE (Education) budgets include an average of 9 units per semester (Two Consecutive Terms). CSML budgets include an average of 9 units per semester (two consecutive terms). Summer session is optional for certain programs. Students planning to attend summer school will need to make sure funds are available for those months as well. **Please note that this is an estimated budget. The total cost of the program is subject to change.**



Alliant International University
**San Francisco
Law School**

	SFLS JD Program (\$1088/unit)
Tuition	\$21760
Fees	\$360
Living Expenses	\$ 25884
TOTAL	\$ 48004

Deadline to pay tuition and fees for the first semester/ term: Friday before the start date.

All costs are subject to change.

Irvine - San Diego - San Francisco



Alliant International University
**California School
of Management & Leadership**

	MS Data Analytics/ MS Healthcare Analytics (\$822/Unit)	Master's in business administration/ MS in Information Technology (\$822/Unit)	Doctorate in Business Administration (\$1306/Unit)	PhD in Leadership Programs (\$1306/unit)
Tuition	\$ 14796	\$ 14796	\$ 23508	\$ 23508
Fees	\$ 360	\$ 360	\$ 360	\$ 360
Living Expenses	\$25884	\$ 25884	\$ 25884	\$ 25884
Total	\$ 41040	\$ 41040	\$ 49752	\$ 49752



Alliant International University
**California School
of Professional Psychology**

	CSPP Clinical Psychology Programs (\$1429/unit)	CSPP Master's in Clinical Counseling (\$820/unit)	CSPP Master's and Doctoral in Marital and Family Therapy (\$1389/unit)	CSPP Master's in Organizational Psychology (\$1078/unit)	CSPP Organizational Psychology/Organizational Development (\$1359/unit)
Tuition	\$ 42870	\$ 24600	\$ 41670	\$ 26950	\$ 40770
Fees	\$ 360	\$ 360	\$ 360	\$ 360	\$ 360
Living Expenses	\$ 25884	\$ 25884	\$ 25884	\$ 25884	\$ 25884
TOTAL	\$ 69114	\$ 50844	\$ 67914	\$ 53194	\$ 67014

Irvine - San Diego - San Francisco

EVIDENCE OF FINANCIAL SUPPORT

You are required to certify that you will have adequate financial support for your program of study at Alliant International University. Complete support for your first year must be guaranteed, and support for subsequent years must be estimated. If you are bringing dependents, you must provide additional funds in the amount of \$8,500 for spouse and \$1,500 for each child. Form I-20 or DS-2019 for the issuance of a U.S. Student visa cannot be issued until you have completed this form satisfactorily and returned it to the Office of Admissions with the required Application Fee.

Full Name: JASHAN
Family Name _____ First Name _____ Middle Name _____
Mailing Address: H. No. 1/142-A, GURUNANAK NAGAR
TRIPURI, PATIALA - 147001
Date of Birth: 16 SEP, 2002 Country of Birth: INDIA Country of Citizenship: INDIA
Source of Financial Support:
☐ Your Own FundsUS\$ _____
☒ Funds from Sponsor (Parent, Relative, or Guardian)US\$ 24653.36
☐ Funds from Government or Private Scholarship (Name: _____)US\$ _____
☐ Funds from other sources (Specify: _____)US\$ _____
TOTAL:US\$ 24653.36

** If family members will be accompanying you, additional financial support is required.

I fully understand the minimum amount of funds necessary for tuition, fees, and living expenses at Alliant International University and certify that above amount will be available per year for my study. I understand that providing false or misleading information will be grounds for immediate refusal of your application and/or dismissal from the university.

Jashan

Signature

02 JUNE, 2025

Date

ATTESTATION BY PARENT/GUARDIAN/SPONSOR

Name of Sponsor: MINAKSHI Relationship to Applicant: MOTHER
Address: H. No. 1/142-A, GURUNANAK NAGAR, PATIALA - 147001, INDIA
Phone: +91-9821991836 Fax: _____
I, the undersigned, certify that the information given above by the applicant is true and accurate and that the funds are available and will be provided as specified on this form:

Minakshi

Sponsor's Signature

JUNE 02, 2025

Date

CERTIFICATION BY BANK OFFICIAL

I, the undersigned, certify that the person guaranteeing funds for the applicant has been a client as this financial institution/bank since _____ and, to the best of my knowledge, has adequate resources to provide funds as specified on this form. An original bank statement is enclosed.

Signature

Name of Bank Official: _____

Name of Bank: _____

Address: _____

Phone: _____ Fax: _____

Bank Stamp:

This section does not need to be filled if you submit a separate bank statement stamped by the bank or a funds available letter from the bank in English.



Alliant International University

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Irvine - San Diego - San Francisco

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Full Name: JASHAN
Family Name _____ First Name _____ Middle Name _____
Mailing Address: H.No 1/142-A GURU NANAK NAGAR
TRIPURI, PATIALA - 147001, INDIA
Date of Birth: 16 SEP, 2002 Country of Birth: INDIA Country of Citizenship: INDIA
Source of Financial Support:
☐ Your Own FundsUS\$ _____
☒ Funds from Sponsor (Parent, Relative, or Guardian)US\$ 21506.08
☐ Funds from Government or Private Scholarship (Name: _____)US\$ _____
☐ Funds from other sources (Specify: _____)US\$ _____
TOTAL:US\$ 21506.08

** If family members will be accompanying you, additional financial support is required.

I fully understand the minimum amount of funds necessary for tuition, fees, and living expenses at Alliant International University and certify that above amount will be available per year for my study. I understand that providing false or misleading information will be grounds for immediate refusal of your application and/or dismissal from the university.

Jashan
Signature

JUNE 02, 2025
Date

ATTESTATION BY PARENT/GUARDIAN/SPONSOR

Name of Sponsor: KALAWANTI Relationship to Applicant: GRAND-MOTHER
Address: H.No. 1/142-A, GURU NANAK NAGAR, PATIALA - 147001 INDIA
Phone: 91-9821991836 Fax: _____
I, the undersigned, certify that the information given above by the applicant is true and accurate and that the funds are available and will be provided as specified on this form:

Kalawanti
Sponsor's Signature

JUNE 02, 2025
Date

CERTIFICATION BY BANK OFFICIAL

I, the undersigned, certify that the person guaranteeing funds for the applicant has been a client as this financial institution/bank since _____ and, to the best of my knowledge, has adequate resources to provide funds as specified on this form. An original bank statement is enclosed.

Signature
Name of Bank Official: _____
Name of Bank: _____
Address: _____

Phone: _____ Fax: _____

Bank Stamp:

This section does not need to be filled if you submit a separate bank statement stamped by the bank or a funds available letter from the bank in English.



**AUBURN UNIVERSITY
AT MONTGOMERY**

Affidavit of Support

I, KALAWANTI, hereby certify that I am willing and able
(Print Name of Family Member/Sponsor)

to provide USD \$ 21506.00 to meet the expenses incurred by
JASHAN during the length of the student's
(Print Applicant/Student Name)

academic study at Auburn University at Montgomery (AUM). My

relationship to the student is that of GRAND-MOTHER.
(Print Relationship to Applicant/Student)

I have authorized the release of my supporting financial documents to verify that the promised financial resources are available to me. I swear (affirm) that I know and understand that the contents of this affidavit signed by me and the statements are true and correct.

Kalawanti
(Signature of Family Member/Sponsor)

MAY 31, 2025
(Date)



**AUBURN UNIVERSITY
AT MONTGOMERY**

Affidavit of Support

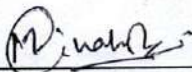
I, MINAKSHI, hereby certify that I am willing and able
(Print Name of Family Member/Sponsor)

to provide USD \$ 24653.36 to meet the expenses incurred by
JASHAN during the length of the student's
(Print Applicant/Student Name)

academic study at Auburn University at Montgomery (AUM). My

relationship to the student is that of MOTHER.
(Print Relationship to Applicant/Student)

I have authorized the release of my supporting financial documents to verify that the promised financial resources are available to me. I swear (affirm) that I know and understand that the contents of this affidavit signed by me and the statements are true and correct.


(Signature of Family Member/Sponsor)

MAY 31, 2025
(Date)