

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 O	N YOUR PASSPORT			
amily Name	First Name	S. Lest	Middle Name	
FNU	JASHAN)		
COUNTRY OF BIRTH	COUNTRY OF CITIZEN	SHIP	NATIVE LANGUAGE	
AIDNI	INDIA		HINDI	
	FEMALE DATE OF BIRTH:	Month: 0	9 Day: <u>16</u> Year: <u>200</u> 2	
RIMARY EMAIL ADDRESS	SEC	ONDARY EN	IAIL ADDRESS	
Jashanfnu 2002	agment com	The Party		
DO MANUALC ADDRESS				
HADO' 142-A, GI	DRU NANAK N	JAGAR	TRIPURI	
City	State/Province	1.	ZIP/Postal Code	
PATIALA	PUNJ AB		14700)	
Country (If not U.S.)	Tel	ephone Num	ber (including area/country code)	
INDIA	-1	-91-90	821991836	
INTERNATIONAL MAILING AD	DRESS (Required if I-20 maili	ng address is	inside the U.S.)	
City	State/Province		ZIP/Postal Code	
Country (If not U.S.)	Tel	ephone Num	ber (including area/country code)	
Are you currently studying at a Yes: <u>いみ</u>		NA	SHIPPING PREFERENCE: MUST SELECT ONE	
			Express Mail (at your expense through eShipGlobal)	
Print school name: NA			Regular Airmail (3-12 week delive	
f yes, are you studying on an I	-1 student visa? <u>NA</u> Yes	NANO	time)	
If yes, attach a copy of your cu	rrent I-20 certificate.		If none selected, packet will be sent regular airmail.	
	tify that the above informa	tion is true a		
Signature (Must be signed; no	electronic signatures)		Date	
Joshan		12 - BA	MAY 31,2025	
	-	24 244 2275	dahal@aum adu	
AUM Office of Global Initiatives PO Box 244024	Telephone: 3 www.au	global@aum.edu ssions/international-student-admission		
Montgomery, AL 36124-4023	CONTRACTOR DE CONTRACTOR			



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.



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)	Business Administration	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 Marital and Family Therapy (\$1389/unit)	in	CSPP Organizational Psychology/ lOrganizational 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

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 GURI	SNANAK NAGAR
	TRIPURI.	PATIALA - 147001
Date of Birth: 165EP, 2002 Co	ountry of Birth: TND 1	A Country of Citizenship: INDIA
Source of Financial Support:		
Your Own Funds		US\$
Funds from Sponsor (Parent, Rel	ative, or Guardian)	US\$ 24653.36
Funds from Government or Priva	ate Scholarship (Name:)US\$
Funds from other sources (Speci	fy:)	US\$
TOTAL:		
** If family members will be accomp	anying you, additional finan	icial support is required.
I fully understand the minimum amo	ount of funds necessary for t	uition, fees, and living expenses at Alliant International
University and certify that above am	ount will be available per ye	ear for my study. I understand that providing false or
misleading, information will be groun	ids for immediate refusal of	your application and/or dismissal from the university.
Joehan		02 JUNE, 2025
Signature		02 JUNE, 2025 Date
the statement of the st		COLLA DRIAN/CRONCOR
ATTES	STATION BY PARENT	/GUARDIAN/SPONSOR
Name of Sponsor: MINAKS Address: <u>H'No' 1142 A</u>	SH1 Relationshi	ip to Applicant: $MOTHER$ NAGAK, PATIALA-147001, $INDN$ he applicant is true and accurate and that the funds are
Phone: $-q_{1} - q_{1} - q_{1$	<u>y 3 (a</u> Fax:	he applicant is true and accurate and that the funds are
I, the undersigned, certify that the in	ified on this form:	ne applicant is true and accurate and that the funds are
available and will be provided as spe	cified on this form:	JUNE 02, 2025
		Date
Sponsor's Signature	CALIFORNIA CONTRACTOR OF CONTO	Date
	CERTIFICATION BY	BANK OFFICIAL
I, the undersigned, certify that the p	erson guaranteeing funds fo	or the applicant has been a client as this financial
institution/bank since an	d, to the best of my knowle	dge, has adequate resources to provide funds as specified on
this form. An original bank statemen		
Signature		Bank Stamp:
Name of Bank Official:		Balik Stallp.
Name of Bank:		
Address:		
		Fax:
This section does not need to be fill	ed 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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Family Name First Name Middle Name Mailing Address: Http://www.mailing Address: Http://www.mailing Address: Http://www.mailing Address: Date of Birth: []	Full Name: JASHAN	
Source of Financial Support: Your Own Funds	Family Name First Nam	ne Middle Name
Source of Financial Support: Your Own Funds	Mailing Address: HIND 11142-A GUR	UNANAK NAGAK
Source of Financial Support: Your Own Funds	TRIPORT	TATIALA - 19 1001, JNDIA
Your Own Funds USS USS 150409 Funds from Sponsor (Parent, Relative, or Guardian) USS 2150409 Funds from Government or Private Scholarship (Name: USS 2150409 Funds from other sources (Specify: USS 2150409 if family members will be accompanying you, additional financial support is required. USS 2150409 if light members will be accompanying you, additional financial support is required. USS 2150409 if upd strom other sources (Specify: USS 2150409 if upd strom		<u></u> Country of Citizenship. <u></u>
Funds from Sponsor (Parent, Relative, or Guardian) USS 2156403 Funds from Government or Private Scholarship (Name:		1155
Funds from Government or Private Scholarship (Name:USS	Your Own Funds	1155 7150/108
	Funds from Sponsor (Parent, Relative, or Guardian	Vame:)USS
TOTAL: US\$_DEGG_OS *** 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. June ersty 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. June ersty 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. June ersty 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. June ersty and certify that the information given baby by the applicant: June ersty and accurate and that the funds are available and will be provided as specified on this form: June ersty and 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	Eurods from other sources (Specify:) USS
** 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.		Uss 21506-08
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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. <u>JUNE02,2025</u> <u>JUNE02,2025</u> <u>Date</u> <u>ATTESTATION BY PARENT/GUARDIAN/SPONSOR</u> Name of Sponsor: KALAWANTI Relationship to Applicant: <u>GRAND-MOTHER</u> Address: <u>H.NDC.1142-A, GURUNANANARAPATIALA-1470017ND/</u> Phone: <u>TQ1-9821991836</u> <u>Fax:</u> <u>1, 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: <u>LANWART</u><u>JUNE02, 2025</u> <u>Sponsor's Signature</u><u>Date</u> <u>CERTIFICATION BY BANK OFFICIAL</u> <u>1, 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. <u>Signature</u> Name of Bank Official: Name of Bank: Address:Phone:Fax: This section does not need to be filled if you submit a separate bank statement stamped by the bank or a funds available</u></u>	I fully understand the minimum amount of funds nece	essary for tuition, fees, and living expenses at Alliant International
misleading information will be grounds for immediate refusal of your application and/or dismissal from the university.	University and certify that above amount will be avail	lable per year for my study. I understand that providing false or
JUNE 02, 2025 Jate ATTESTATION BY PARENT/GUARDIAN/SPONSOR Name of Sponsor: KALAWAN TI Relationship to Applicant: GRAND-MOTHER Address: H:NO: 11/192-A, GURO NANAK PALAR, PATIALA-LYGOOTIND / Phone: dal- 98 21991836 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: Yone: dal- 98 21991836 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: Yone: dal- 98 21991836 Fax: 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 Bank Stamp: Name of Bank Official: Phone: Fax:	misleading information will be grounds for immediate	e refusal of your application and/or dismissal from the university.
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O Signature Date Date ATTESTATION BY PARENT/GUARDIAN/SPONSOR Name of Sponsor: KALAWANTE Relationship to Applicant: GRAND-MOTHER Address: HINDITER Alter Sponsor: KALAWANTE Relationship to Applicant: GRAND-MOTHER Address: HINDITER Name of Sponsor: KALAWANTE Relationship to Applicant: GRAND-MOTHER Name of Sponsor's Signature JUNE 02, 2-02-5 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 Bank Stamp: Name of Bank Official: Mame of Bank Stratement is enclosed. Fax:	Jashow	JUNE 02, 2025
Name of Sponsor: KALAWANTI Relationship to Applicant: GRAND-MOTHER Address: H:No: 1142-A, GORO VANAK Advan, PATIALA-LADED POTHER Phone: -9821991836 Fax:	U Signature	Date
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Name of Bank Official:	institution/bank since and, to the best of a	ing funds for the applicant has been a client as this financial my knowledge, has adequate resources to provide funds as specified on
Name of Bank:		Bank Stamp:
Address: Phone: Fax:		
This section does not need to be filled if you submit a separate bank statement stamped by the bank or a funds available		
This section does not need to be filled if you submit a separate bank statement stamped by the bank or a funds available		Fave
		ie: Fax Fax
	This section does not need to be filled if you submit letter from the bank in English.	a separate path statement stamped by the path of a funds available



Affidavit of Support

I, <u>KALAWANTI</u>, herby certify that I am willing and able

to provide USD \$ 21 506.0 % 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 <u>GRAND-MOTHER</u>. (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.

Kalowanti (Signature of Family Member/Sponsor)

(Date)



Affidavit of Support

I, MINAK SH1, herby 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 __________(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.

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1A431,2025