## California State University, Sacramento

## Affidavit of Financial Support for International Students (F-1)

The Immigration and Naturalization Service requires that all students provided evidence of adequate funds to meet the financial obligations of enrollment at a U.S. university. Thus, you must complete all areas of this affidavit that apply, including original signatures. The combined U.S. dollar amount from your sponsor(s) must equal or exceed the minimum listed on the instruction sheet. Bank verification of funds must not be older than six months. PLEASE NOTE YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM AND A BANK VERIFICATION FROM YOUR FUNDING SOURCE STATED IN U.S. DOLLARS.

PERSONAL INFORMATION									
Family/Last Name (Name on passport)				First Name (Name on passport)					
				GURR	KEET	SINCIH			
Country of Birth		Country of Citizenship		Date of Birth (mor		2000			
INDIA		INDIA		25	- MA:	1, 2000			
	oring	Year 2024		Email Address	,558	866109	mail 'con		
SELF, SPONSOR, OR GOVERNM	MENT FUNDING	3		0		U			
Please check all appropriate boxes				Assured amo	ount in U.S. I	Dollars			
Self				In US Dollars					
				In USDollars	b	- 00 N			
Sponsor (Parents, Relative, others)*					In USDollars \$ 47388.30				
Sponsor's Name									
GURPREET SI	K16H		while he/she is e	enrolled at Cal	ifornia State	University, Sacram	nento.		
(Name of Student)	<u>^</u>			Relationship to ap	plicant	and a second			
Signature of Sponsor Curyitfu	gh.			receitationship to up		THER			
Address # 12-B Curl @ An	lave Said	City/Country	Zipcode	Telephone Numbe					
Address # 12-B. Sunder En		Patiala India	140401			1326523			
* If a sponsor other than a parent is providing all or partial financial assistance, a letter signed by the sponsor must accompany this form that specifies the									
terms of the support, the U.S. dollar amount to be covered for tuition and/or living expenses, and the duration of the sponsorship.									
		Source of Scholarship		U.S. Dollars					
Government or other Organization									
*This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved									
non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the									
support, the U.S. dollar amounts to l	be covered for tuit	ion and/or living exper	ises and the dura	tion of the spo	nsorship.				
Additional Funding from another	source: If someon	ne provides room and b	oard at no expense	se to you, list	that person's	name and address.			
Signature of Sponsor			Sponsor's Name				A		
Address		City/country	Zipcode	Telephone Numb	er				
F-2 DEPENDENT INFORMATIO	ON		•						
Applicants who plan to bring depo	endents please co	mplete the following:					• • •		
If you are married and plan to have your dependent(s) live in the U.S. while you are attending California State University, Sacramento, you will need to include in your calculation of academic years costs, the amounts of \$3,000.00 for your spouse and \$3,000.00 each child.									
			Middle Name	Gender	Date of Birth	Country of Birth	Country of Citzenship		
Family / Last Name Spouse *	Fi	irst Name	whome Name	Guider	Date of Birth	county of bitti	- ,,		
apouoc -									
Child		0				8			

I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the denial of my application, or if admitted in my disenvolument for California State University and / or deportation from the United States.

			Data	•
Applicant's signature	-6 - <sup>6</sup>	·	Date: Angue	st 23, 2023
	1. N.		. (.	,

Child

Child

## Affidavit of Support

If your funding is coming from a private sponsor, such as a parent, family member, or friend, it must be accompanied by an affidavit of support. Please have your sponsor fill out and sign this form and submit it with his/her bank information. If you prefer not use this form, a letter including the same pertinent information is acceptable.

Date: August 23, 2023

University of Wisconsin-Milwaukee International Admissions P.O. Box 413 Milwaukee, WI 53201-0413

Dear Admissions Official:

I, (name of sponsor): SURSIT SINGH, (relationship to student): FATHER of (student's name): GTURPREET SINGH, will

provide financial sponsorship in the amount of \$ 47393, 44 US Dollars for his/her

studies at the University of Wisconsin-Milwaukee.

Sincerely,

URJIT SINGH

Sponsor's Name

Sponsor's Signatu

International Student and Scholar Services Garland Hall, Room 138 P.O. Box 413 Milwaukee, Wisconsin 53201-0413 Phone: 414/229-4846 Fax: 414/229-3750 www.international .uwm.edu Rev. 7/2021