

Documentation Required

As part of the application for Admissions, The U.S. Citizenship and Immigration Services requires that, all F-1 (Certificate of Eligibility for Non-immigrant - Form I-20) and J-1 (Certificate of eligibility for Exchange Visitor Form DS-2019) applicants provide evidence of adequate funds to meet the financial obligations of enrollment at a U.S. college/university.

If the student will use their own personal funds as the main source of financial support, the student must fill out the form and must provide their official bank statement showing available funds.

If a private sponsor such as a family member, friend, private institution, or employer will sponsor the student, the sponsor must sign the Statement of Financial Obligation below or provide a letter declaring their relationship to the student and their intent to provide financial support throughout the student's duration of study at CSUSB. In either case, the sponsor must also provide an official bank statement showing available funds in liquid assets.

If a public agency such as an embassy, home government, public institution or religious organization will be sponsoring the student, the agency must sign the Statement of Financial Obligation below and provide official certification that the appropriate costs will be covered.

*Bank statements must be signed and/or seal by bank and cannot be older than 6 months from the date the student applied to CSUSB.

Student Information

Last Name: D	HILLON		RANYODH SINGH		
Permanent Fore	ign Address: VILL RATTF	NGARH ALIAS PI	ITTIANWALI, TEHSIL SUMAN	n, SANGRUR, PUNDAB, I	VDIA. 148028

Estimated Student Budget for One Academic Year (2 Semesters)

Expenses	Undergraduate (24 Units)	Graduate (12 Units)	MPA (12 Units)	MBA/MSA/ MS-IST/MSEI (12 Units)	Second Bachelor (24 Units)	Doctorate (12 Units)
Tuition & Fees includes non-resident fees	\$16,722	\$13,404	\$15,024	\$16,644	\$18,156	\$18,066
Living Expenses	\$12,822	\$12,822	\$12,822	\$12,822	\$12,822	\$12,822
Books & Supplies	\$1,146	\$1,146	\$1,146	\$1,146	\$1,146	\$1,146
Transportation	\$1,578	\$1,578	\$1,578	\$1,578	\$1,578	\$1,578
Health Insurance	\$1,260	\$1,260	\$1,260	\$1,260	\$1,260	\$1,260
Personal/Misc.	\$2,058	\$2,058	\$2,058	\$2,058	\$2,058	\$2,058
Total	\$35,586	\$32,268	\$33,888	\$35,508	\$37,020	\$36,930

^{*}NOTE: All fees are subject to change without notice.

^{**}Graduate Business Professional Fee: \$270/unit (MBA/MSA)/\$135. (MPA) included in above calculation.



Dependent inic			表 医乳腺 医原心性病 医肾 使用以及及解毒物的 地名亚拉斯地	THE REST NAME OF THE PERSON OF THE	elitering in the second of the
\$1,800 for a spouse	ildren will accompany e and \$1,200 per child est copies of marriage	per academic yea	r (2 semesters) in ord	er for their names t	o be listed on your
dependents passp	ort and visa (if applica	able) . Below, list y	our dependents accor	mpanying you to th	e United States.
		51	C f Diath	Country of	Date of Birth
Last Name	First Name	Relation	Country of Birth	Country of Citizenship	(MM/DD/YYYY)
NA					
Personal Finance	cial Support				
that are applicable	ification for financial s . Give all amounts in U er letters, signatures a	.S. Dollars (USD).	If there is more than o	omplete <u>any of the</u> one sponsor or ban	three sections below k in any category, you
Personal Support:	My personal financial	resources at this t	time are \$	USD.	
Certified by Bank (Official:				
I certify that the cu	rrent balance in the ap	oplicant's account	t at this bank is: \$	on[(date)
Signature:					
Name/Title:					
Bank Name:	8				
Address:					
Official Bank Seal o	r Stamp:				
	e de la companya de l				
		,			
		<u>.</u>			
		* A			
*					
		**			



Private Support/Sponsor	#1.50mm 1 1 1 1 1 1 1 1 1
I guarantee, without reservation, to support the educational costs and	l living expenses, including tuition fees, books and
supplies, room and board, health insurance, medical or emergency ex	penses, travel and other miscellaneous expenses
for (print name of student): RANYODH SINGH DHILLON	while he/she is enrolled at California State
University, San Bernardino. I also agree to furnish additional support f	or this student's dependents as listed previously on
this form or any other that may later come to the United States. I furt	her guarantee that the student will not become a
public charge during his/her stay in the United States.	
Sponsor's Name (Print): RAMANPREET SINGH	Date: 25-AU4-2022
Sponsor's Signature: Ramanpreet Singl	
Relationship to Applicant: UNCLE	
Address: VILL RATTANGARH ALIAS PATTIANWALI, TEHSIL SUMAM, SANG	RUR, PUNJAB, INDIA. PINCODE: 148028
Certified by Bank Official:	
I certify that the current balance in the applicant's account at this bar	nk is: \$ 20512 on 15/07/2022 (date)
Signature:	
Name/Title:	
Bank Name: CENTRAL BANK OF INDIA	
Address: SECTOR 32D, SCO 371, CHANDIGARH, UT, INDIA	
Official Bank Seal or Stamp:	
*	
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Government, Foundation Agency or Corporate Fellow	
Please submit this form to the agency providing your financial support	t for certification of the required information or
instruct the agency to send a letter to the International Student Adm	ssions Office as well as the Student Accounts Office
at California State University, San Bernardino specifying the amount of	of the award, period of support, and any condition
or terms that pertain.	
Agency Name: NA	
Address:	
I certify that the agency named above will provide the applicant the	equivalent of \$ USD per year for the
duration of his/her studies.	
	(Continue next page



Private Support/Sponsor
I guarantee, without reservation, to support the educational costs and living expenses, including tuition fees, books and supplies, room and board, health insurance, medical or emergency expenses, travel and other miscellaneous expenses for (print name of student): RANYODH SINGH DHILLON while he/she is enrolled at California State University, San Bernardino. I also agree to furnish additional support for this student's dependents as listed previously on this form or any other that may later come to the United States. I further guarantee that the student will not become a public charge during his/her stay in the United States.
Sponsor's Name (Print): PAL SINGH Date: 25 - AUG - 2022
Sponsor's Signature: Fal Srgl
Relationship to Applicant: UNCLE
Address: VILL MEHMOODPURA, DISTI LUDHIANA, LUDHIANA, PUNDAB, INDIA.
Certified by Bank Official:
I certify that the current balance in the applicant's account at this bank is: \$ 12.526 on 24/08 2022 (date)
Signature:
Name/Title:
Bank Name: PUNDAB NATIONAL BANK
Address: BO DHANDRA, GUDRAT, INDIA.
Official Bank Seal or Stamp:
Government, Foundation Agency or Corporate Fellow Support
Please submit this form to the agency providing your financial support for certification of the required information or instruct the agency to send a letter to the International Student Admissions Office as well as the Student Accounts Office at California State University, San Bernardino specifying the amount of the award, period of support, and any condition or terms that pertain.
Agency Name: NA
Address:
I certify that the agency named above will provide the applicant the equivalent of \$USD per year for the duration of his/her studies.
(Continue next page)



Print Name of Agency Official: NA	Date:
Signature of Agency Official:	Title:
Address:	
Certification by Applicant	
The above information is complete and correct to the best of my knowl	edge.
Print Name: RANYODH SINGH DHILLON	
Signature: Ranyodh Singh	Date: 25-AUG-2022

Revised: 06/08/2021



Office of Immigration Meisler Hall 2200 • 390 Alumni Circle Mobile, AL 36688-0002 Phone: 251.460.6050

E-mail: immigration@southalabama.edu

F-1 or J-1 Degree-Seeking Student Affidavit of Financial Support

The purpose of the Affidavit of Financial Support is to help the University of South Alabama obtain complete and accurate information about the funds available to F-1 student applicants who wish to study at the University. Strict government regulations require the University of South Alabama to verify the financial resources of each international applicant prior to issuance of an I-20.

Undergradua			Graduate Costs		
Tuition and Fees* – Undergraduate	\$17,232.00	Tuition and Fees* – Graduate	\$11,232.00		
Living Expenses	\$8,600.00	Living Expenses	\$8,600.00		
Books	\$1,000.00	Books	\$1,000.00		
Health Insurance	\$3,264.00	Health Insurance	\$3,264.00		
TOTAL	\$30,096.00	TOTAL	\$24,096.00		

^{*}Tuition is based on College of Arts & Sciences price per course. Undergraduate fees are based on 12 credit hours per Fall/Spring semesters. Graduate fees are based on 6 credit hours per Fall/Spring semesters. Students with majors not in the College of Arts & Sciences should visit https://www.southalabama.edu/bulletin/current/tuition-and-fees/index.html for the tuition price per course of their College. Students may incur additional fees for graduate and/or departmental courses. All fees are subject to change without notice.

Students must have a plan to support themselves during their entire length of study. All fees are based on estimated costs and are subject to change at any time. On-campus employment is not guaranteed and should not be seen as a significant means of support while at the University. Living expenses are estimated based on the cost of on-campus accommodations and meal plan expenses.

Arrangements should be made to have funds available at the time of registration for each semester. Payment of fees is due on the day of class registration. If requesting the addition of dependents (spouse/child), include an additional \$5,000 for a spouse and an additional \$2,500 for each child.

RANVODU CINICH

Please submit the following information:

Student's Name

DHILLON		MAIN TODA STOGIT					
Family Name (Surnan		First Name	5	Middle Name			
	LIST ALL F	UNDING SOU	RCES TO BE REC	EIVED BY STUDE	NT:		
STUDENT'S SOURCES ASSURED SUPPORT STUDENT'S SOURCES ASSURED SUPPORT							
		US DOLLARS)		OF FUNDS	(IN US DOLLARS)		
OF FUNDS	(IIV	US DULLARS)		31 10105			
1. Personal Funds		ter .	3. Sponsor Fu	ınds			
	2.0	040	4. Scholarshi	por			
2. Family Funds	1 20	040	Governmen	nt Support	-		
	1						
	OF	FICIAL CERTIFIC	CATION OF SOUR	ES OF FUNDS			
official bank seal ar Certification Statement: This statement, and that the funds ar	nd signature of a ba	ank officer. Fami	ly and/or Sponsor(s) ation furnished by the	are required to con applicant on this form	re than 6 months old with the mplete the section below.		
Sponsor's Certification	Full Name of Spons	sor (required):	SINGH amily Name (Surname)	RAMANA First Name	PREET - Middle Name		
	Relationship to Stu		_				
er	Signature of Sponsor: Faman Docat Singh Date: (mm/dd/yy): 08-25-2022						
I certify that the above information is correct and complete and that I shall notify the University of any change in my financial circumstances. Student's Signature Ranyodh Singh Date: 08 / 25 / 2022 month day year							



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Middle Name

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Books	\$1,000.00	Books	\$1,000.00		
Health Insurance	\$3,264.00	Health Insurance	\$3,264.00		
TOTAL	\$30,096.00	TOTAL	\$24,096.00		

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First Name

LIST ALL FUNDING SOURCES TO BE RECEIVED BY STUDENT:

RANYODH SINGH

Please submit the following information:

DHILLON Family Name (Surname)

Student's Name

STUDENT'S SOURCES		SSURED SUPPORT	STUD	ENT'S SOURCES	ASSURED SUPPORT			
OF FUNDS		(IN US DOLLARS)		OF FUNDS	(IN US DOLLARS)			
1. Personal Funds			3. Sponsor F	unds				
2. Family Funds		2526	4. Scholarsh Governme	ip or nt Support				
If funds are from so	OFFICIAL CERTIFICATION OF SOURCES OF FUNDS • If funds are from scholarship, government support, or graduate assistantship please attach a signed copy of any letters of award.							
 If funds are from per 	ersonal, family,	or sponsor, please	attach an official bar		han 6 months old with the			
Certification Statement: This statement, and that the funds ar					at it is a true and accurate			
Sponsor's Certification	Full Name of Sp	oonsor (required):	SINGH Family Name (Surname)	PAL First Name	Middle Name			
Relationship to Student: UNCLE Signature of Sponsor: Pal Sagu Date: (mm/dd/yy): 08-25-2022								
THE RESIDENCE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICES.			that I shall notify the		in my financial circumstances.			
Student's Signature Ranyodh Singh Date: 08 / 25 / 2022 month day year								



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E-mail: immigration@southalabama.edu

F-1 Student Application for I-20 Issuance

SECTION 1: F-1 DEMOGRAPHIC INFORMATION (TYPE	OR PRINT CLEA	AKLY) (A.
NAME AND RESIDENCE INFORMATION:		
Full Name (as listed in passport): DHILLON RANYODH	SINGH	-
Family/ Last Name (Surname) Given Name	e (First)	Middle Name (if any)
Date of Birth (month/ day/ year): 05-01-2002 (month/day/year - i.e. March 27, 1975)	Gender: 🗹 Male	☐ Female
Place of Birth (required): SUNAM, PUNDAB INDIA Country		
Citizenship & Residence (required):	INDIAN Country of Legal Per	rmanent Residence
Permanent Address in Home Country (not school address): VILL RATTANGARH ALIAS PATTIAN WALL		
TEHSIL SUMAM, SANGRUR, PUNJAB PIN COL	DE: 148028	
Phone Number: <u>+91 7973604131</u> E-Mail Address: <u>dlillon 1977975</u> Jag ID#: J <u>00728012</u>	aksingh2002@gm	ail com
VISA HISTORY:		
If currently in the U.S., what is your immigration status? NA Expiration Date	e (Month/Day/Year): _	_
NOTE: If currently in F-1 Status and transferring to the University of South Alabama, pleas	se also complete F-1 T	ransfer-In Form.
REQUIRED DOCUMENTATION TO BE SUBMITTED	WITH THIS FOR	M
✓ Copy/Scan of Passport Identification Pages (For yourself and any accompanying deper✓ Copy/Scan of Proof of Financial Support, Bank Statement, and/or Affidavit of Support		
IF CURRENTLY IN THE UNITED STATES, ALSO INCLUDE THE FOLLOWING Copy/Scan of current/ most recent visa stamp, I-94 Arrival Page, and any current/previ (For yourself and any accompanying dependents)		I-797 Approval Notices
I certify that the above information is correct and complete, and that I shall notify the Uinformation and/or exchange plans.	University of any cha	nges in my personal
Signature: Ranyodh Singh Date: 2	5-AUG-2022	