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) DHABRA			First Name (Name on passport) AKRITI			
Country of Birth INDIA	Country of Citizenship INDI	A	Date of Birth (month/day/year) 11/16/1999			
Term applying for Fall Spring	2023		Email Address akrelichabe 262 Qgmail-Can			
SELF, SPONSOR, OR GOVERNMENT FUNDING Please check all appropriate boxes: Self	G	16	Assured amount in U.S. Dollars			
Sponsor (Parents, Relative, others)* REL	A.T.IVE		In USDollars 3 31874.7			
I, MOHINDER STNGH	certify that I will assu		responsibility, including educational and living expenses for			
AKRITI DHABRA		while he/she is e	enrolled at California State University, Sacramento.			
Mohinder Singh						
VPO RUTALA BABA BAKALA	City/Country BUTALA	Zipcode 143203	Telephone Number +91 9 9 9 19 5 0 7 5 6			
* If a sponsor other than a parent is providing all or patterns of the support, the U.S. dollar amount to be cov			d by the sponsor must accompany this form that specifies the and the duration of the sponsorship. 1 [U.S. Dollars			
Government or other Organization Scholarship*	ernment or other Organization Scholarship*					
*This includes embassies, government loan agencies, non-resident tuition waivers. Please send an original s support, the U.S. dollar amounts to be covered for tuit	signed copy of the awa	ard letter on organi	nools and departments, athletic scholarships, and approved aizational letterhead that specifies in English the terms of the ation of the sponsorship.			
Additional Funding from another source: If someon Signature of Sponsor	ne provides room and	Sponsor's Name	se to you, list that person's name and address.			
Address	City/country	Zipcode	Telephone Number			
F-2 DEPENDENT INFORMATION Applicants who plan to bring dependents please co	mplete the following:					
	live in the U.S. while	you are attending	g California State University, Sacramento, you will need to			
	irst Name	Middle Name	Gender Date of Birth Country of Birth Country of Citzensh			
Spouse						
Child						
Child						
Child						
I certify that the statements made above are true, compof my application, or if admitted in my disenrollment	plete and accurate. I u for California State U	inderstand that pro	oviding false or misleading information can result in the deni deportation from the United States.			
Applicant's signature	Date: 09/17/2022					



California State University, Fresno

VISA INFORMATION FORM

NAME: AKRITI DHABRA First Name - Last / Family Name - Middle Initial			BIRTHDATE: 11/6/1999			
Do you now hold a valid U.S. visa? (Yes No	If Yes, wh	nat type (F-1, J	-1, E-2, etc.):		
If you hold an F-1 visa, list the institut	ion that issued you	ır I-20, and your	SEVIS Identifica	ation number (top right-corner of I-20):	
INSTITUTION / SCHOOL:			YOUR SEVIS ID #:			
If you hold a J-1 visa, list the institution	on that issued your er of the Responsib	DS-2019, and yo	our SEVIS Ident institution:	fication numb	er. Also give the name,	
INSTITUTION / SCHOOL:			YOUR SEVIS ID #:			
RESPONSIBLE OFFICER (RO):	EMAIL:		PHONE:	F	FAX:	
If family members will be coming to a NAME (FIRST, LAST, MIDDLE INITIAL)	BIRTHDATE COUNTRY			GENDER (M or F)	RELATIONSHIP (i.e. SPOUSE, SON, DAUGHTER)	
Students must have sufficient money needed for one academic year is an Please complete the information beloamount and source of support. If yo separate letter from your sponsor to SPONSOR'S NAME: MOHIND SPONSOR'S ADDRESS: WPO BUT SPONSOR'S PHONE NUMBER(S): +91 SPONSOR'S RELATIONSHIP TO YOU:	to meet all experoproximately \$23,0 bw about your spot ur sponsor is a government includes the telescope ALA, BABA	oo for graduate nsor. Request your remment agence rems of the sport SONY	ding California students and our sponsor to cy, organization asorship (in En	\$26,000 for usend a bank len, or other graphs.	ndergraduate students. tter/statement showing oup, you must attach a	