Wrig	ght State University I-20 R	UID:							
	of I-20 needed: ial: You are outside the U.S. and do nigration Transfer: You are currently	not have a current student visa to the U enrolled at a U.S. institution or complet	.S. ed a program less than 30 days ago						
List a	ll names as they appear on the pass	port (please print):							
Stude	Student's Last (family)  Student's First (given)  Middle or Maiden								
		to the the manning license and/o	r hirth certificate)						
Depe	ndents: name as it appears in passr	ort (must attach marriage license and/o	Relationship to student						
1	Last name	N/A	N/A						
2	N/A	10.10							
3									
4									
experareas  The second of the	nses for all listed dependents. List a s below which apply: Family Assistance (Bank statemer e of family sponsor:	ney you will have available each year to ill resources and the amount of funds available required as documentation)  kumal ecity) Wille	**	Har					
Addr Phor	ess of family sponsor: H+N0 49 ne: 9877]]15840 Amount o	f family sponsor's funds available each	/ear in U.S. \$ 70, 803-32						
• Over	seas funds \$	t in English required as documentation)*Funds in the United States \$ _							
"Proof of financial responsibility: Reliable documentation of financial resources adequate to meet expenses while studying at WSU (ex. official award letter from school or sponsoring agency documenting a scholarship or fellowship you have received, documentation of personal or family funds on bank letterhead stationery or legally binding affidavit, etc.). NOTE: If you have a financial support guarantee letter issued by a country from whom WSU has not received payment in the preceding two (2) semesters, the financial support guarantee letter will not by itself be considered sufficient proof of financial stability, and you must submit other reliable documentation that you have sufficient financial resources to pay expenses while studying at WSU. The preceding two semesters include fall, spring and/or summer.									
<b>Plea</b>	se note: An original sponsor award directly, the agency must provide \	letter is required to complete your applic Vright State with billing authorization an	cation. If the agency/sponsor is to be d instructions.						
** A fund app	bank statement of family or nonfamids must be stated in U.S. dollar an lication process.	estion one) available each year in U.S ly sponsor or of personal funds is requir nounts. Failure to provide amounts in	U.S. dollars will delay the						
doll	re there government or agency restr ars? Yes No s, please explain restrictions	ictions on the frequency or the amount o	of funds that can be released in <b>U.S.</b>						
If ye	es, please specify	isual, hearing, or mobility impairment)?	□Yes ☑No u may be required to pay for during						
you	r studies. This information is require	d to determine financial eligibility only.		3					
und	5. With my signature below, I certify that above information is true and accurate to the best of my knowledge. I understand that misrepresentation of facts on this form will be cause for refusals of admission, cancellation of admission, or dismissal from the university. Further understand that I am completely responsible for all my educational and living expenses during the entire period that I plan to be enrolled at Wright State.								
#*************************************	Amandeep Singh		12/13/2023 Date						
Sign	nature								

## 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			First Name (Name of	on passnort)			
family/Last Name (Name on passport)		0	Α .		inel		
	Country of Citizenship		Date of Birth (mont	h/day/year)	11910		
Country of Birth			9/1/20	6 (6) (6)			
India	India	-	Email Address				
Term applying for Fall Spring	2024		amama	lup 202	3. fnu @ gn	rail, com	
SELF, SPONSOR, OR GOVERNMENT FUNI	DING			untin II S. De	allare		
Please check all appropriate boxes:		Assured amount in U.S. Dollars In US Dollars					
Self							
Sponsor (Parents, Relative, others)*		in USDollars  \$ 70,803.32  cial responsibility, including educational and living expenses for					
I, Rajesh Kumar Sponsor's Name	certify that I will assur						
Amandeep Singh Signature of Sponsor  Kingh	٠	while he/she is e	nrolled at Cali	fornia State	University, Sacrar	mento.	
Signature of Sponsor	2	Relationship to app					
			Uv	rde_			
Address	City/Country	Zipcode	Telephone Number	Т	NAMES OF		
H. No. 499, Chand Wali Sali	Kaithal/India	136043	7877	11584	0 .	, : C 4l- o	
a 1 1	or partial financial assistan	ce, a letter signed	by the sponso	r must accon	npany this form th	at specifies the	
* If a sponsor other than a parent is providing an terms of the support, the U.S. dollar amount to be	Source of Scholarship	living expenses, a	U.S. Dollars	on of the spor	isorsinp.		
Government or other Organization Scholarshi		U.S. Dollars					
	cias government contract a	gencies CSU scho	ools and depar	tments, athle	etic scholarships, a	and approved	
*This includes embassies, government loan agent non-resident tuition waivers. Please send an original	nal signed copy of the awa	rd letter on organi	zational letter	head that spe	cifies in English t	he terms of the	
support, the U.S. dollar amounts to be covered for	or tuition and/or living expe	nses and the durat	ion of the spo	nsorship.			
Additional Funding from another source: If so	meone provides room and	ooard at no expens	se to you, list	that person's	name and address		
Signature of Sponsor	1	Sponsor's Name					
,		_		1			
Address	City/country	Zipcode	Telephone Numb	er			
F-2 DEPENDENT INFORMATION	v						
Applicants who plan to bring dependents plea	se complete the following:						
rc and plan to have your depend	ent(s) live in the U.S. while	you are attending	California St	ate Universit	y, Sacramento, yo	u will need to	
include in your calculation of academic years co	sts, the amounts of \$3,000.	00 for your spouse	and \$5,000.0	o each child	Country of Birth	Country of Citzenship	
Family / Last Name	First Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citzensinp	
Spouse W / A	N/A	NIA	N/A	N/A	N/A	N/A	
Child	N/ A =	NIA	N/A	NIA	NIA	NIA	
Child	N/A 3		11	10/10		10	
NIA	NIA	N/A	NA	N/A	NIA	NIA	
Child	NIA	N/A.	N/A	NA	NA	N/A	
to the state of th	, complete and accurate. I u	nderstand that pro	viding false o	r misleading	information can r	esult in the denial	
of my application, or if admitted in my disenroll	ment for California State U	niversity and / or	deportation if	om me Omite	States.		
Applicant's signature:	Date:						