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			Ting Name (Name	on passport)			
Family/Last Name (Name on passport)			First Name (Name on passport) PRAYAS				
Country of Birth India	Country of Citizenship India			10,20			
Ferm applying for Fall Spring	Year 2023		Email Address	asfnu.3	74@gmai).com	
SELF, SPONSOR, OR GOVERNMENT FUNDING	3		Assured amo	ount in U.S. D	ollars		
se check all appropriate boxes:			In US Dollars				
Self			In USDollars 31446				
Sponsor (Parents, Relative, others)*					and the second	g expenses for	
I, Jatindes, Singh Prayas (Name of Fudent)	certify that I will assum				University, Sacrar		
(Name of Sponsor Jatinder 3,			Relationship to applicant Un Cle				
Address House no. 692-B, Sector 46-A	City/Country CHO, INDIA	Zipcode 160047	Telephone Numb				
a design of the second is second in a sell or pr	artial financial assistant	e, a letter signed	l by the sponse	or must accor	mpany this form th	at specifies the	
* If a sponsor other than a parent is providing all of parent is providing all of parent sponsor other terms of the support, the U.S. dollar amount to be cov	ered for tuition and/or	living expenses,	and the duration	on of the spor	nsorship.		
Government or other Organization Scholarship*	Source of 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 tui Additional Funding from another source: If someo Signature of Sponsor	tion and/or living expension	nses and the dura	ation of the spe	onsorship.			
	,		Telephone Num	her			
Address	City/country	Zipcode					
F-2 DEPENDENT INFORMATION Applicants who plan to bring dependents please co If you are married and plan to have your dependent(s include in your calculation of academic years costs, t) live in the U.S. while	vou are attendin	ng California S se and \$3,000.	tate Universi 00 each child	ty, Sacramento, yo I.		
Family / Last Name	First Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citzenshi	
Spouse							
Child						1	
Child							
Child	4						
I certify that the statements made above are true, cor of my application, or if admitted in my disenrollmen	nplete and accurate. I u t for California State U	nderstand that p niversity and / o	a depontation i	or misleading rom the Unit	g information can t ed States.	esult in the deni	
Applicant's signature:			Date:	Date: Aug 16, 2022			
brayas				0	/		



Release of Information Declaration

Please print all items except signature

١,	PRAMAS	(Student's Full Name)
born on	Nov 10, 2004	(Date of Birth), herby declare that
5 y	Prayasfnu 374 @gmail. com	(Name of individual or agency)
		(Address)
3		(E-mail)

is authorized to inquire about and have access to information about my application to Murray State University. I hereby authorize Murray State University to discuss my application and admission status with the above named individual until further written and signed authorization from me.

In addition, I request that you send all correspondence about my application to both the above named individual and me to further expedite my application process.

Brayas

Signature of Student

Aug 13, 2022 Date (mm/dd/yyyy)

STATEMENT OF EQUAL OPPORTUNITY

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information, contact the Director of Equal Opportunity, Murray State University, 103 Wells Hall, Murray, KY 42071-3318. 270.809.3155 (voice), 270.809.3361 (TDD).