# Alliant International University

#### 2024 INTERNATIONAL STUDENT FINANCIAL CERTIFICATION

**INSTRUCTIONS:** Please complete all sections of this form in full. Signature of applicant, sponsor and bank must be included. Failure to complete all sections will result in the form being returned to you and your admission will be delayed. Attach original bank statement and/or funding award letter to this form and return it directly to the Admissions Processing Center, Alliant International University, 10455 Pomerado Road, San Diego, CA 92131.

**IMPORTANT:** International students must present satisfactory evidence of adequate funds available to meet financial obligations at Alliant International University. Our office will not be able to issue you an I-20 to obtain a student visa until this form is received.

All international student applicants who wish to attend Alliant International University must submit proof of financial support for their studies while in the United States. International students must NOT depend on working either on or off campus any time during their stay in the United States. Students must consider such factors as inflation and foreign exchange fluctuations when figuring out the total cost of study.

U.S. Immigration regulations require that a student attend school full-time for Fall and Spring semesters of each year (total nine months). Full-time for a graduate student is eight (8) or more units per semester. The CSPP (clinical, Marital and Family Therapy), Clinical Counseling, Organizational Psychology), and CSFS (forensic) program budgets below include estimated expenses for nine months including an average of 15 units per semester in Fall and Spring. Organizational Behavior and Organizational Development budgets are based on 25 and 22 units per year respectively. CSOE (Education) budgets include an average of 9 units per semester (Two Consecutive Terms). CSML budgets include an average of 9 units per semester (two consecutive terms). Summer session is optional for certain programs. Students planning to attend summer school will need to make sure funds are available for those months as well. Please note that this is an estimated budget. The total cost of the program is subject to change.



### Alliant International University California School of Management & Leadership

	MS Data Analytics/ MS Healthcare Analytics (\$822/Unit)	Master's in business administration/ MS in Information Technology (\$822/Unit)	Business Administration	PhD in Leadership Programs (\$1306/unit)
Tuition	\$ 14796	\$ 14796	\$ 23508	\$ 23508
Fees	\$ 360	\$ 360	\$ 360	\$ 360
Living Expenses	\$25884	\$ 25884	\$ 25884	\$ 25884
Total	\$ 41040	\$ 41040	\$ 49752	\$ 49752



## Alliant International University California School of Professional Psychology

	Psychology	CSPP Master's in Clinical Counseling (\$820/unit)	and Doctoral Marital and Family Therapy	in	CSPP Organizational Psychology/ Organizational Development (\$1359/unit)
Tuition	\$ 42870	\$ 24600	\$ 41670	\$ 26950	\$ 40770
Fees	\$ 360	\$ 360	\$ 360	\$ 360	\$ 360
Living Expenses	\$ 25884	\$ 25884	\$ 25884	\$ 25884	\$ 25884
TOTAL	\$ 69114	\$ 50844	\$ 67914	\$ 53194	\$ 67014

Irvine - San Diego - San Francisco



Alliant International University San Francisco Law School

	SFLS JD Program (\$1088/unit)
Tuition	\$21760
Fees	\$360
Living Expenses	\$ 25884
TOTAL	\$ 48004

Deadline to pay tuition and fees for the first semester/ term: Friday before the start date.

All costs are subject to change.

Irvine - San Diego - San Francisco

#### EVIDENCE OF FINANCIAL SUPPORT

You are required to certify that you will have adequate financial support for your program of study at Alliant International University. Complete support for your first year must be guaranteed, and support for subsequent years must be estimated. If you are bringing dependents, you must provide additional funds in the amount of \$8,500 for spouse and \$1,500 for each child. Form I-20 or DS-2019 for the issuance of a U.S. Student visa cannot be issued until you have completed this form satisfactorily and returned it to the Office of Admissions with the required Application Fee.

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Full Name: NANDITA	Middle Name
Family Name Mailing Address: 2007, WARD No. 17,	
ALABAD (317	NEAR GUGA MADI ) KURUKSHETRA
Date of Birth: 0(701, 2002 Country of Birth: TNDF	
Source of Financial Support:	# <u></u> ================================
Your Own Funds	US\$
Funds from Sponsor (Parent, Relative, or Guardian)	US\$ \$55264.20
Funds from Government or Private Scholarship (Name:	)USS
Funds from other sources (Specify:)	US\$
Funds from other sources (Specify:) TOTAL:	US\$ \$ 55264.20
** If family members will be accompanying you, additional fina	ancial support is required.
I fully understand the minimum amount of funds necessary for	
University and certify that above amount will be available per y	year for my study. I understand that providing false or
misleading information will be grounds for immediate refusal of	of your application and/or dismissal from the university.
0 1:1 01	T 12225
Vanata Van	JULY, 01,2025
Signature	Date
Signature ATTESTATION BY PAREN	Date
	T/GUARDIAN/SPONSOR
Name of Sponsor: MAKHAN SINGH Relations	T/GUARDIAN/SPONSOR
	TIGUARDIAN/SPONSOR hip to Applicant: UNCLE D/ 317 KURUKSHETRA, HR JHDIA
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Name of Sponsor: MAKHAN SINGH Relations Address: 2007, WARD NO.17, IS MALLABAL Phone: 191-9026217364 Fax:	TIGUARDIAN/SPONSOR hip to Applicant: UNCLE UNCLE UNCLE UNCLE
Name of Sponsor: MAKHAN SINGH Relations Address: 2007, WARD NO.17, IS MALLABA Phone: <u>A91-9026217364</u> Fax: I, the undersigned, certify that the information given above by	T/GUARDIAN/SPONSOR hip to Applicant: <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u> <u>UNCLE</u>
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Name of Sponsor: MAKHAN SINGH Relations Address: 2007, WARD NO.17, J.S. MALLABA Phone: <u>A91-9026217364</u> Fax: I, the undersigned, certify that the information given above by available and will be provided as specified on this form: Mahlanger Sponsor's Signature CERTIFICATION BY	T/GUARDIAN/SPONSOR hip to Applicant: UNCLE D(317) KURULSHETRA, HR SHOTA the applicant is true and accurate and that the funds are JULY 01, 2025 Date Date
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Signature		Bank Stown		
Name of Bank Official:	<u></u>	Bank Stamp:		
Name of Bank:		and the second second second backwords		
Address:	<u></u>		10 m	
	Phone:	Eav:		

This section does not need to be filled if you submit a separate bank statement stamped by the bank or a funds available letter from the bank in English.

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