



Incoming International Students Affidavit of Support (U. S. Dollars)

Name of Student _____
First (given) _____ Last (surname) _____

Student ID @ 0 0 _ _ _ _ _

This form must be completed by the student and/or student's sponsor(s) and returned with the appropriate original financial documentation such as a recent original bank statement, letter on an original letterhead with original signatures to cover the two-semester cost of attendance at College of the Sequoias. If the student has several sponsors, please submit a copy for each sponsor. It is suggested that the sponsor(s) retain a copy of all forms and documents. Costs are subject to change without notice. Costs for the academic school year of **two semesters** (Fall & Spring) are **estimated** as:

1. Tuition and Fees (require minimum* 12 units each semester)..... \$12,231
 2. Insurance, books, supplies and living expenses..... \$18,080
- ESTIMATED TWO SEMESTER COST (does not include summer) **\$30,311**

Additional dependent cost estimated: Spouse \$5,500 & each child \$3,500
(Some students may spend more money depending on their lifestyle)

*If the student takes more than 12 units OR enrolls in summer classes, the student will be charged additional tuition and fees. The student must also plan for any additional costs during the summer.

Source/Sponsor	Year One
From Parent(s).....	\$ _____
From Student's Savings.....	\$ _____
From Government	\$ _____
From Relative/Friend.....	\$ _____
From Other (name of other source).....	\$ _____

Free Room & Board without charge and without services-in-lieu-of payment to the student.

I (name: _____) will provide the student with living expenses including rent, food, utilities, etc. (estimated value \$13,880).

I own, rent or lease the property located at (address) _____

Signed: _____ Date: _____

CERTIFICATION BY Parent OR Other Financial Sponsor

I certify that I will be responsible for the financial support of the applicant. My ability to meet this obligation is indicated by the **attached** original bank/financial institution statement issued within the last three (3) months. ONLY statements in ENGLISH showing U. S. Dollars will be accepted.

Name (Print) _____ Signature _____
Relationship _____ Address _____
Telephone _____ E-Mail _____ Date _____

Please return to: Osiris DeLeon, Designated School Official, 915 S. Mooney Boulevard, Visalia, CA 93277

Or FAX (559) 730-3979 Or Email: osirisd@cos.edu