

CALIFORNIA LUTHERAN UNIVERSITY

INTERNATIONAL STUDENT FINANCIAL RESPONSIBILITY STATEMENT



U.S. immigration regulations require a school to certify on Form I-20A-B that non-immigrant F-1 students have provided proof of financial responsibility for the duration of their student status in the U.S. Accordingly, please complete Section I on the form and have your bank and/or your sponsor and your sponsor's bank complete Sections II and III, respectively. Please return this form to:
CLU Graduate Programs, 60 West Olsen Road #2200, Thousand Oaks, CA 91360.
Phone 805 493-3511 • Fax 805 493-3861 • clugradusa@callutheran.edu



Please type or print legibly:

SECTION I – Information provided by applicant

Name
Last/Family: _____ First: _____ Middle: _____
Address (number, street): _____ Telephone with Country Code: (_____) _____
City/State/Postal Code: _____ Country (if not U.S.): _____
Date of Birth: _____ Country of Citizenship: _____
Current VISA Type: _____ U.S. Admission Number: _____
U.S. Social Security Number (if applicable): _____
MEANS OF FINANCIAL SUPPORT: (Enter amount available for first year of study from appropriate sources):
Student's Personal Funds: \$ _____ Funds from Parent/Guardian: \$ _____
Funds from Another Source (Specify source): \$ _____
Total Funds from All Sources: \$ _____

(Please attach certified bank letters for all sources of funding)

SECTION II – Attestation by guarantor of funds

Name of
Sponsor's Last Name/Family: _____ First: _____ Middle: _____
Relationship to Applicant: _____ Telephone with Country Code: (_____) _____
Address (number, street): _____
City/State/Country/Postal code: _____

SECTION III – Certification by bank official

Name of Bank Official: Last/Family: _____ First: _____ Middle: _____
Name of Bank: _____
Address (number, street): _____ Telephone with Country Code: (_____) _____
City/State/Country/Postal Code: _____

I, the undersigned, certify that the person guaranteeing funds has been a client at this bank/financial institution since (month/year) _____ and, to the best of my knowledge, has adequate resources to provide funds as specified in this form.

Bank Official's Signature: _____

Date MM/DD/YYYY: _____

