OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS

Confidential Financial Statement (CFS)

Upload this completed form and supporting documents to OISS via the International Student Portal.
OISS cannot begin processing your visa documents until this form and *all* required documents have been uploaded.

Note: Financial statements must be **recently** issued and include the logo of the bank and the name of the account holder. Account statements more than 90 days old **are not valid**.

Student Name: _____ **Perm #:**_____
Last (Family) Name First (Given) Name Middle Name

Program Level: ○ Undergraduate ○ Graduate **Major:**_____ **Start:** ○ Fall ○ Winter ○ Spring

Sources of Funding

Check all that apply and include supporting documents for each source.

☐ **Personal Funds:** Student is financial account holder. $ _____ USD
Upload: this form and recent account statement (stamped or signed by the institution)

☐ **Sponsor Funds**: Financial account in the name of family member or friend. $ _____ USD
Upload: this form and recent account statement (stamped or signed by the institution) showing sponsor as account holder. **Named account holder must sign this form.**

This is to certify that I guarantee I will cover expenses for the above-named student during the first year of study at UCSB for the amount equivalent to:

X_____ _____
Signature of sponsor/account holder Date
Name of account holder_____
Relationship to student_____

☐ **Government or Sponsoring Agency:** Includes CONACYT, etc. $ _____ USD
Upload: this form and copy of award letter.
Name of sponsor agency: _____

☐ **UCSB Funding:** Includes department support, EAP funds, etc. $ _____ USD
Upload: this form and copy of award letter. Funded graduate students, enter $50, 954 here.
Type of support: ○ teaching/research assistantship ○ fellowship ○ other (specify below)

_____

TOTAL AVAILABLE FUNDING FROM ALL SOURCES → **$ _____ USD**

For 2018-19, TOTAL AVAILABLE FUNDING must be at least: **$65,261** for undergraduate students
$50,954 for graduate students
$76,958 for 9-month TMP
NOTE: Students with dependents must verify an additional **$4,000** for spouse and **$2,000 per child**

Student Signature: I certify that the above statements are correct and complete. (Print out to sign, scan to return)

X _____ _____ _____
Signature Date Email