



2026-2027 FINANCIAL STATEMENT FORM FOR J-1 EXCHANGE STUDENTS

IMPORTANT: International students must present evidence of sufficient funds available to meet financial obligations at SDSU. Your DS-2019 form required for obtaining a J-1 student visa will not be issued until this form is received and approved along with [supporting financial documents](#).

A. STUDENT INFORMATION

Full Name (as shown on passport):

Family Name: _____ First Name: _____ Middle: _____

Country of Birth: _____ City of Birth (as on passport if shown) : _____

Citizenship: _____ Country of Permanent Residency: _____

Date of Birth (MM/DD/YYYY): _____

Email: _____ Gender (as stated on passport): ☐ Female ☐ Male

Length of program (Please check one): ☐ One Semester ☐ Two Semesters

Source(s) of Financial Support: US \$ _____ Student Personal Funds

US \$ _____ Funds from Sponsor (Family or private sponsor)

US \$ _____ Government or Private Scholarship (Specify: _____)

TOTAL US \$ _____ (Must be at least US \$15,350 for 1 semester or \$30,700 for 2 semesters)

Please note: If dependent family members will accompany you, proof of additional financial support will be required. See Section D for further information.

Attach to this document, [Proof of financial support](#) which must: be less than six months old, and show liquid funds (available for withdrawal at any time). An official bank statement or official stamped and signed bank letter is acceptable, but must be in English and show the account holder's name.

B. FINANCIAL CERTIFICATION FOR PERSONAL SPONSOR (If Government or Private Scholarship, leave Section B blank & attach Official Award letter)

Name of Sponsor: _____ Relationship to Student: _____

Sponsor's Email Address: _____

Sponsor Declaration: I, _____ (Sponsor's Printed Name), guarantee that the sum of US\$ _____ will be available for the above named student for the first academic year at SDSU.

Signature of Sponsor: _____ Date: _____

C. ACKNOWLEDGMENT OF STUDENT

I fully understand the minimum amount of money necessary for fees and living expenses at San Diego State University (SDSU), and I verify that the required amount (as indicated in Section A) will be available for my exchange at SDSU. I also understand that as an exchange student I am required to purchase the [approved health insurance policy](#) available through the SDSU International Student Center for the full duration of my enrollment at SDSU. I understand that providing false or misleading information can result in the denial of my DS-2019 request; or, if admitted, in my disenrollment from San Diego State University and revocation of my DS-2019 document and/or J-1 immigration status.

Signature of Student: _____ Date: _____

D. DEPENDENT INFORMATION (Only for applicants who will be accompanied by a spouse and/or dependent children.)

If your spouse or children will accompany you to the United States, you must provide proof of additional funding of US\$7,000 per spouse and US\$3,500 per child per academic year (9 months) in order for their names to be listed on your documents.

Please list names of dependents accompanying you below:.

DEPENDENT 1:

Full Name (as shown on passport): Family Name: _____ First Name: _____ Middle: _____

Country of Birth: _____ **Citizenship:** _____

Date of Birth (Month/Day/Year): _____ **Gender:** ☐Female ☐Male ☐ Nonbinary **Relationship:** Spouse ☐ Child ☐

DEPENDENT 2:

Full Name (as shown on passport): Family Name: _____ First Name: _____ Middle: _____

Country of Birth: _____ **Citizenship:** _____

Date of Birth (Month/Day/Year): _____ **Gender:** ☐Female ☐Male ☐ Nonbinary **Relationship:** Spouse ☐ Child ☐

DEPENDENT 3:

Full Name (as shown on passport): Family Name: _____ First Name: _____ Middle: _____

Country of Birth: _____ **Citizenship:** _____

Date of Birth (Month/Day/Year): _____ **Gender:** ☐Female ☐Male ☐ Nonbinary **Relationship:** Spouse ☐ Child ☐