



INSTRUCTIONS: Please complete all sections of this form. Your Certification of Finance form needs to be submitted to California Northstate University (CNU) before your application decision can be finalized. Please attach an original bank statement and/or funding award letter to this form and return it directly to the Student Financial Aid Office, 9700 West Taron Drive, Elk Grove, CA 95757.

Certification of Finance should reflect at least the following amounts of support. Please see table below for current tuition and fees. You must demonstrate financial support for current academic year at the time of initial application. International students must present evidence of adequate funds available to meet financial obligations at California Northstate University. CNU will not be able to issue an I-20 until this form is received. For further detailed instructions on how to complete this form, please contact Elena Stupina at 916-682-8097, or elena.stupina@cnsu.edu, Dr. Yia Vang Financial Aid Director at 916-686-7993 or yia.vang@cnsu.edu.

Pre-Health Post-Baccalaureate Program - Tuition & Fees per Year for 2026-2027

Tuition & Fees	Amount	Class
Tuition - Fall 2026	\$23,228	PHPB
Tuition - Spring 2027	\$23,228	PHPB
Student Tuition Recovery Fee (STRF) (nonrefundable) ⁵	\$0	PHPB
Technology Fee (Fall 2026 - nonrefundable upon start of instructions)	\$50	PHPB
Scholar Activity Fee (Fall 2026 - nonrefundable upon start of instructions)	\$100	PHPB
Orientation Fee (Fall 2026 - nonrefundable upon orientation)	\$50	PHPB
Enrollment Agreement Fee (nonrefundable)	\$100	PHPB
Total Estimated Tuition & Fees per Year	\$46,756	

Total estimated tuition and fees for the 1-year Pre-Health Post-Baccalaureate program will be \$46,756.

Estimated Other Optional Educational Related Costs per year ¹	Amount	Class
Health Insurance Premium ²	\$3,841	PHPB
Books and Supplies ³	\$1,000	PHPB
Room and Board ³ (based on 12 months)	\$24,000	PHPB
Transportation ³ (based on 12 months)	\$5,362	PHPB
Total Estimated Cost per Year⁴	\$80,959	

¹ Costs a student may incur as part of participation in the applicable year of the program, whether or not paid directly to CNU.

² Optional, estimated, and subject to modification based on number of insured members.

³ (Based on 12 months) Estimated amount of student's individual housing, transportation, and food costs, not operated or charged by CNUCHS.

⁴ Includes tuition, fees, and other estimated educationally related costs.

⁵ Effective April 1, 2024, the STRF assessment rate will change from two dollars and fifty cents (\$2.50) per one thousand dollars (\$1,000) of institutional charges to zero dollar (\$0.00) per one thousand dollars (\$1,000) of institutional charges.

1. Name

Mr. Ms. Mrs. Miss

Last (family surname)

First (birth given)

Middle

2. Permanent Address**5. Place of Birth (country)****3. Mailing Address (if different than above)****6. Country of Citizenship****4. Date of Birth****7. Expected Visa Type** / / F-1 Other (specify) _____

8. Enter the expected amount of annual support from the source listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use additional sheet of paper for explanations, if necessary.

Student's Source of Funds**Actual Fund****Estimated Fund****8a. Personal or Family Savings**

2026-2027

2027-2028

2028-2029

2029-2030

\$.00\$.00\$.00\$.00**Signature of Bank Official****Date****Title****Name of Bank****Address of Bank****Official Certification of Sources of Funds and Amounts**

This is to certify that I have read the information furnished by the application on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8b. Parents (Money available from source other than savings)**Parent's Name**\$.00 \$.00 \$.00 \$.00**Relationship** _____**Please describe the source:****Signature of Parent****Date****Address**

Official Certification of Source of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8c. Parents (Money available from source other than savings)

Sponsor's Name \$. \$. \$. \$. .

\$. \$. \$. \$. .

Sponsor's Name

Please describe the source:

Signature of Sponsor

Date

Address

Relationship of Sponsor to Student

Official Certification of Source of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8d. Your government

Name of Agency: _____

Enclose a signed copy of your letter of award with this form: Total: \$. \$. \$. \$. .

9. What is the present exchange rate of your country's currency to the U.S. dollar?

(For example, 3,100 pesos = \$1)

_____ = \$1

10. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?

No Yes

If YES, describe restrictions.

11. Do you have a source for emergency funds once you arrive in the U.S.?

No Yes

If YES, name source.

Amount available in U.S. dollars \$.00

12. How will you pay for your transportation to the U.S.?

13. What is the total amount of money you expect to have when you arrive at this institution?

\$.00

14. Do you plan to remain in the U.S. during the summer?

No Yes

15. If remaining in the U.S., do you plan to attend summer school?

No Yes

16. What are the sources and amounts of support available to you during the summer?

_____	\$.00
_____	\$.00
_____	\$.00
_____	\$.00

17. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2026) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. Consul to obtain a visa.

Signature _____ Date _____ / _____ / _____
Month Day Year

I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility

SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____

NAME OF INSTITUTION _____

ADDRESS _____ DATE _____

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