

AFFIDAVIT OF SUPPORT

This form must be filled out, signed, and emailed with an Official Bank Letter and a copy of your passport to your advisor.

Student's Information					
Start Term: Select one	Year:	I am:	Select One		
Family/Last Name:	Given/First Name:				
Date of Birth (MM/DD/YYYY):	Country of Birth:		Country of Citizenship:		
Permanent/Foreign Address:					
Address:	City:				
Province/State (if any):	Country:		Postal Code (if any):		
US Address if you are currently studyi	ng or had studied in the US	S :			
Address:			City:		
Province/State (if any):	Country:		Po	ostal Code (if any):	
Phone Number:	Emai	l:			
AFFIDAVIT OF SUPPORT (Student is al	lowed to have more than one	sponsor):			
I agree to financially support student's en with this form. Your relationship to the S Parent Name:	oonsor:	<u> </u>	·		
☐ Sponsor's Name:					
DEPENDENT(S) - STUDENT'S SPOUSE dependent must show on the bank letter.	and/or CHILD/CHILDREN	who would I	ike to apply for F-2		
Name:	Date of Birth:	R	Relationship: -		
Name:	Date of Birth:	R	telationship: -		
Name:	Date of Birth:	R	telationship: -		
CERTIFIED BY BANK: Student is not re-	quired to complete this sectio	n if an official	l bank letter is subm	nitted to the university.	
Amount in Bank Account in US Dollars:					
Name of Bank:				Official Bank's	
Name and Title:				Seal or Stamp Here	
Signature of Bank Official:					
I certify that all the above information supporting and financing my school a				he university and is capable o	
Student's Signature:			D	oate:	