



AFFIDAVIT OF FINANCIAL SUPPORT BACHELOR DEGREE

TO BE COMPLETED BY THE APPLICANT

NAME Last First Middle DATE OF BIRTH Month Day Year

ADDRESS

Please complete the following if your dependent/s will be living with you while you are attending the University.

Table with 4 columns: NAME, RELATIONSHIP TO STUDENT, DATE OF BIRTH, COUNTRY OF BIRTH

Support must be available yearly in the amount of \$3,000 (U.S.) for each dependent listed above.

TO BE COMPLETED BY THE SPONSOR

This form must be accompanied by the sponsor's current bank statement or letter from the sponsor's bank. The bank statement must indicate how much money is available to cover the applicant's educational expenses.

NAME

ADDRESS

PHONE NUMBER FAX NUMBER

E-MAIL

SPONSOR'S RELATIONSHIP TO APPLICANT

How many people are you supporting in addition to this applicant (include your own family members)?

CERTIFICATION OF RESPONSIBILITY

This is to certify that I/We assume financial responsibility, up to \$16,500* (U.S.) per academic year as needed for the educational - related expenses and support of the above-named applicant during the course of his/her attendance at the California University of Management and Sciences. I/We understand that each semester the full tuition and fees must be paid at the time of registration for classes.

In addition, I/We assume financial responsibility, in the amount of \$3,000 (U.S.) for each of the applicant's dependents if indicated above that spouse and/or children will be living with student.

SPONSOR'S NAME PRINTED

SPONSOR'S SIGNATURE DATE

*\$16,500 indicates the cost for Bachelor's Degree programs (tuition and cost of living). Price are subject to change without notice. If deemed necessary, California University of Management and Sciences reserves the right to require one year's tuition in advance before mailing the I-20 or DS2019.