

AFFIDAVIT OF FINANCIAL SUPPORT

SUBMIT COMPLETED FORM TO:

INTERNATIONAL PROGRAMS AND SERVICES 800.684.2890 (phone) international@thechicagoschool.edu
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STUDENT NAME: _____

E-MAIL: _____ PHONE #: _____ LOCATION: _____

TERM AND YEAR: _____ DEGREE LEVEL: _____ PROGRAM: _____

STUDENT SIGNATURE: _____ DATE: _____

SPONSOR FULL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

SPONSOR'S RELATIONSHIP TO APPLICANT: _____

DECLARATION OF SUPPORT:

I,	(Sponsor),	financial sponsor for
	(Student),	certify that I agree to support the
student listed above . I plan to contribute _____ in U.S. dollars per year for up to _____ years		
As of the date signed on this form, I have reviewed and am aware of the current financial I-20/DS-2019 estimates for international students attending The Chicago School of Professional Psychology. I am also aware that these estimates are subject to change without prior notice. I certify that all information provided on this affidavit and on the attached documents proving availability of funds is true and valid. I further certify that I understand this affidavit is a binding document.		

NOTE: Please remember that this ORIGINAL affidavit must be accompanied by an official letter of support from an appropriate financial institution (BANK, EMPLOYER, GOVERNMENT AGENCY or similar).

SPONSOR SIGNATURE: _____ DATE: _____