

AFFIDAVIT OF SUPPORT

This form must be filled out, s	igned, and emailed with an Official Ba	ank Letter and a copy of yo	<mark>ur passport to your advisor.</mark>	
Student's Information				
Start Term: Select one	Year:	I am: Select One		
Family/Last Name:	Given/	Given/First Name:		
Date of Birth (MM/DD/YYYY):	Country of Birth:	Country of Birth: Country of Citizenship:		
Permanent/Foreign Address:				
Address:		City:		
Province/State (if any):	Country:	Country: Postal Code (if any):		
US Address if you are currently	studying or had studied in the US:			
Address:		City:		
Province/State (if any):	Country:	Pc	Postal Code (if any):	
Phone Number:	Email:			
AFFIDAVIT OF SUPPORT (Stude	ent is allowed to have more than one spo	onsor):		
I agree to financially support stude with this form. Your relationship to	gencies, Government, Foundations (Enc ent's entire course of study at the Acader o the Sponsor: Signatu	my of Art University and the c	official bank letter is enclosed	
	Oignatu			
DEPENDENT(S) - STUDENT'S S	POUSE and/or CHILD/CHILDREN who k letter. Include a copy of the dependent	o would like to apply for F-2		
Name:	Date of Birth:	Relationship: -		
Name:	Date of Birth:	Relationship:		
Name:	Date of Birth:	Relationship: -		
CERTIFIED BY BANK: Student is	s not required to complete this section if a	an official bank letter is subm	itted to the university.	
Amount in Bank Account in US Do	ollars:			
Name of Bank:			Official Bank's	
Name and Title:			Seal or Stamp Here	
Signature of Bank Official:				

I certify that all the above information is accurate and my sponsor has the amount required by the university and is capable of supporting and financing my school and living expenses for at least the first year of my study.