

Dear Sponsor:

Thank you for agreeing to sponsor _____ . Please read this information
STUDENT NAME

carefully. **You are taking on a serious responsibility for a student who must focus their full attention on their studies, and who will be completely dependent on you for the financial support you promised to provide in your signed affidavit.**

Please **initial** EACH of the items below to confirm you have read and understood them. Regulations require:

_____ The student **MUST attend school full-time** (min. 18 clock hours per week for the duration of their program)

_____ **Tuition and course materials fees for each term are due before the first day of class in that term.** Students are required to secure funding and/or commit to a written payment plan and submit any applicable down payment per their plan prior to the start of the first class session, or their enrollment will be cancelled.

_____ For certificate programs with a scheduled duration shorter than 12 months, students are subject to a single period of financial obligation (single term) matching the full length of the program in weeks. Occupational Associate Degree (OAD) programs have a scheduled duration of seven 10.5-week quarters over an 18-month or two-year academic period; each 10.5-week quarter represents a separate period of financial obligation (seven separate terms).

_____ **The student is NOT authorized to work in the United States,** so the student is NOT expected to earn money. Students are not allowed to work off-campus without specific permission from the International Coordinator's Office and USCIS, and never during their first year of study.

_____ **The student will not be eligible for a Social Security number/SSN** (unless and until they are offered a job and can show correct permission). The SSN helps to show "credit worthiness" in the United States, so the student's personal expenses may increase.

_____ **The student MUST be covered by adequate Health insurance.** The estimated medical insurance cost for an average international student (single, under age 23) is \$800 per year and included in the Estimated Costs listed on the form I-20, under "Living Expenses." Information about what is considered "adequate" medical coverage and links to several companies that specialize in International Student Insurance can be found on the International Learners page at www.labfour.com.

_____ **Any Changes in Sponsorship must be made in writing to the International Coordinator's Office** and the student at least 30 calendar days before the change becomes effective. Both Student and Sponsor's personal information, grades, and financial documents will be kept confidential upon request and as required by law.

The Evidence of Financial Support documents are complete when we have this letter AND:

1. A signed Affidavit of Support from the sponsor listing **exactly** what expenses you intend to cover (living, educational, etc). The Affidavit for non-US Citizens or Permanent Residents must be notarized.
2. A bank letter including account opening date, and average and current balances.
3. Verification of income; a letter from your employer stating annual salary or other documents showing the personal income of the Individual who signs the Affidavit.

I have read and understood the above information and I agree with all the terms and obligations of the Affidavit of Financial Support. SIGN AND RETURN THIS DOCUMENT WITH THE AFFIDAVIT OF FINANCIAL SUPPORT

SIGNATURE OF SPONSOR
(or Student if self-supporting)

PRINTED NAME OF SPONSOR
(or Student if self-supporting)

DATE