AFFIDAVIT OF FINANCIAL SUPPORT

To be completed by the applicant:				
Applicant's name (as on pass	sport: Last, First, Middle)			
Mailing Address (Street, City,	State, ZIP, Country)			
Please complete the following	ing if your spouse or children und	der 21 will be living with you v	while you are attending APU:	
Name (as on passport)	Relationship to studen (spouse/son/daughter)	t Date of Birth (month/day/year)	Country of Birth	Citizenship
Additional support must be availa	able yearly in the amount of \$12,000 (U	.S.) for your spouse and \$10,500	(U.S.) for each child listed.	
To be completed by the s	ponsor: n sponsor, the applicant must also cor	mplete this section and sign below	.)	
	the sponsor's current bank statement or	·		nuch money is available to
Sponsor's Name (Last, First, I	Middle)			
Address (Street, City, State, ZIP, Country)			Date of Birth	
Phone	Fax		Email	
Sponsor's relationship to a	pplicant			
How many people are you	supporting financially for educat	ional purposes in addition to	this applicant (include your own	n family members)?
CERTIFICATION OF	RESPONSIBILITY			
This is to certify that I/we we the course of his/her attend of registration for classes. In	gree to the following by signing ill assume financial responsibility dance at Azusa Pacific University. In addition, I/we will assume finant andicated above that the spouse a	for education-related expens I/we understand that each s cial responsibility in the amo	semester the full tuition and fees unt of \$12,000 (U.S.) for the app	must be paid at the time
Sponsor's signature			Date (Month, Day, Year)	
*For more details, please vi	isit apu.edu/international/enrollm	nent/tuition/. Prices are subje	ect to change without notice.	

Please note: If deemed necessary, Azusa Pacific University reserves the right to require one year's tuition in advance before mailing



an I-20 or DS2019.