Affidavit of Financial Support





To be completed by the applicant: Applicant's name (As on passport: Last, First, Middle) Mailing Address (Street, City, State, ZIP, Country)					
Please complete the following if your spouse or children under 21 will be living with you while you are attending APU:					
Name (as on passport)	Relationship to student (spouse/son/daughter)	Date of Birth (month/day/year)	City of Birth	Country of Birth	Citizenship
Additional support m	ust be available yearly in the amo	ount of \$15,000 (U.S.)	for your spouse and \$	15,000 (U.S.) for each chi	ld listed.
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Certification of Responsibility

To the sponsor: Please agree to the following by signing below.

This is to certify that I/we will assume financial responsibility for education-related expenses* and support of the above-named applicant during the course of his/her attendance at Azusa Pacific University. 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 will assume financial responsibility in the amount of \$15,000 (U.S.) for the applicant's spouse and \$15,000 (U.S.) per child if indicated above that the spouse and/or children will be living with the student.

Sponsor's signature Date (Month, Day, Year)

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.

Please return this form to: Undergraduate Admissions • Mail to: PO BOX 7000, AZUSA, CA 91702-7000

^{*}For more details, please visit apu.edu/international/enrollment/tuition/. (Prices are subject to change without notice.)