## I-20 Application Affidavit of Support

Please Complete in Entirety:					
Student Number:					
Family Name Giv	en Name				
Which city are you planning on attending:	New York	Boston	Miami		
Male Female Single Married	Citizenship			_	
Date of Birth	City and Country of Birth				
If you are currently in the United States, what is your U.S. immigration status?					
Telephone Fax	E-mail				

Please note that your Form I-20 cannot be issued until you are accepted.

## **Financial Information**

Please indicate the amount and sources (e.g., personal savings, money market account) of your financial support. You must document support equivalent to at least the required amount for each semester or session for which you intend to register.

Check if appropria	ate:				
Your Personal Funds		First Sponsor	First Sponsor		
		Name			
Amount	Source of Funds	Amount	Source of Funds		
Amount	Source of Funds	Amount	Source of Funds		
Second		Third Sponsor			
Sponsor Name		Name			
Amount	Source of Funds	Amount	Source of Funds		
Amount	Source of Funds	Amount	Source of Funds		

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