



AFFIDAVIT OF FINANCIAL SUPPORT (Undergraduate Programs)

AM110

Applicant Information

| | | | | | |
|-----------------------------------|---------------|-----------------|----------------------------|-------------|-------------|
| Last Name | | First Name | | Middle Name | |
| Permanent Address Number & Street | | | | | Unit Number |
| City | State | ZIP Postal Code | Date of Birth (mm/dd/yyyy) | | |
| Home Telephone Number | Mobile Number | Email Address | | | |

Dependent Information (Support must be available annually in the amount of \$4,500 (U.S.) for each dependent listed below)

| | | | | | |
|-------------|----------------------------|------------------------|------------|---------------------------|--|
| Dependent 1 | Last Name | | First Name | | |
| | Date of Birth (mm/dd/yyyy) | Country of Citizenship | | Relationship to Applicant | |
| Dependent 2 | Last Name | | First Name | | |
| | Date of Birth (mm/dd/yyyy) | Country of Citizenship | | Relationship to Applicant | |
| Dependent 3 | Last Name | | First Name | | |
| | Date of Birth (mm/dd/yyyy) | Country of Citizenship | | Relationship to Applicant | |

Sponsor Information

| | | | | | |
|-----------------------------------|--------------|-----------------|---------|-------------|-------------|
| Last Name | | First Name | | Middle Name | |
| Permanent Address Number & Street | | | | | Unit Number |
| City | State | ZIP Postal Code | Country | | |
| Relationship to Applicant | Phone Number | Email Address | | | |

How many people are you supporting in addition to this applicant (including your own family members)?

This form must be accompanied with a certificate of deposit (drawn under the name of the student), current bank statement (must show history of 6 months minimum) or letter from the sponsor's or the student's bank (must indicate average balance for the past 6 months minimum). The document must indicate total funds available to cover the annual education expenses of the student.

Certification of Responsibility

This is to certify that I (student) or I/We (sponsor) assume financial responsibility up to \$22,000 (U.S.) per academic year as needed for the educational-related expenses and support of the above-named self/applicant during the course of my/his/her attendance at Nobel School of Business. I (student) or I/We (sponsor) understand that each semester full tuition and fees must be paid at time of registration. In addition, I (student) or I/We (sponsor) assume financial responsibility, in the amount of \$4,500 (U.S.) for each of my/the applicant's dependent(s) if indicated above that spouse and/or children will be living with the student.*

Name of Sponsor _____ Name of Student _____

Signature of Sponsor _____ Signature of Student _____

Date _____ Date _____

*\$22,000 (U.S.) indicates the annual cost for undergraduate degree programs (tuition, textbooks, rooms/ board, transportation and personal expenses). Duration of the program is for one academic year (eight months). Prices are subject to change without notice.