



AFFIDAVIT OF FINANCIAL SUPPORT (Graduate Programs)

AM111

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 \$26,000 (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** _____

*\$26,000 (U.S.) indicates the annual cost for graduate 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.