

Name \_\_\_\_\_  
Family/Last Given/First Date of Birth (MM/DD/YYYY)

### AFFIDAVIT OF SUPPORT

Source of Funds:	Certification of Funds:
<input type="checkbox"/> <b>Self- Supporting</b> <ul style="list-style-type: none"> <li>Attach bank statement within the last 6 months</li> </ul>	Name of Financial Inst/Bank: _____ Country of Financial Inst/Bank: _____
<input type="checkbox"/> <b>Sponsored by another individual</b> <ul style="list-style-type: none"> <li>Attach bank statement or letter</li> <li>By signing this form, the sponsor certifies that funding amount provided is true, that funds are readily available, and will be provided for the student's education.</li> </ul>	Relationship to Student: _____ Name of Sponsor: _____ Signature of Sponsor: _____ Date of Signature: _____
<input type="checkbox"/> <b>Scholarship or Government Funding</b> <ul style="list-style-type: none"> <li>Attach official copy of sponsor letter</li> </ul>	Name of the Government or Sponsorship Agency: _____
<input type="checkbox"/> <b>UTC Graduate Assistantship</b> <ul style="list-style-type: none"> <li>Attach copy of official GA Offer Letter</li> </ul>	Name of the Department: _____

### DEPENDENT FAMILY INFORMATION

- I do NOT have any dependents accompanying me.  
 I do have dependent(s) who will need an I-20 issued by CGE\*

\* Please list your dependent(s) information below and attach a copy of their passport(s).

Spouse's Name: _____	Date of Birth: _____
Country of Birth: _____	Country of Citizenship: _____
Child's Name: _____	Date of Birth: _____
Country of Birth: _____	Country of Citizenship: _____
Child's Name: _____	Date of Birth: _____
Country of Birth: _____	Country of Citizenship: _____
Child's Name: _____	Date of Birth: _____
Country of Birth: _____	Country of Citizenship: _____

### STUDENT DECLARATION OF ACCURACY:

I certify that the information given on this form is complete and accurate to the best of my knowledge. I understand that I am ultimately responsible for all expenses associated with my stay in the United States. I am fully aware that any false or misleading information will result in disciplinary action through the office of Student Conduct.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)