

International Student Affidavit of Financial Support

Print Name of Applicant _____

Print Your Name(s) _____

Describe Your Relationship to Applicant _____

Indicate whether parent, spouse, of sponsor.

By your signature below, you are certifying that the funds shown in the financial documents provided by the applicant to ECPI University under your name are available to the above mentioned student, for the purpose of paying tuition, fees and living expenses for the student's first academic year of study at ECPI University.

Signature

Date

Signature

Date