

**International Student Services
Affidavit of Support**

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Last Name

First (Given) Name

Middle Name

UCNJ ID #:

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Date of Birth

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(MM/DD/YYYY)

Note: If you do not have a sponsor and are self-funding your education, submit a copy of your bank statement.

Source of Support: Funds from Sponsor

Sponsor's Name:

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Relationship to Student:

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Complete Address:

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Telephone Number:

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Email:

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Yearly amount of support to applicant (U.S. dollars):

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List any other dependents you have:

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First Name

Last Name

Date of Birth

Relationship

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First Name

Last Name

Date of Birth

Relationship

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First Name

Last Name

Date of Birth

Relationship

By signing this affidavit of support, I promise to be financially responsible for tuition, fees, living expenses, and any other relevant expenses of the applicant whose name appears above.

Sponsor's Signature:

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Date:

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