



**Affidavit of Support**

- Submit completed original form with [supporting financial documentation](#).
- The affidavit must be less than one year old upon intended date of enrollment or date of I-20 update.
- All financial documentation must equal or be greater to the estimated minimum yearly cost.
- Please refer to the [fee sheet](#) for the estimated minimum yearly cost. These figures are subject to change without notice.

**Student Name :** \_\_\_\_\_

**MU Student Number (if known):** \_\_\_\_\_

**Part I Sponsor Information**

**Name:** \_\_\_\_\_  
Last (family) First (given)

**Address:** \_\_\_\_\_  
Street Address (number and name of street)  
\_\_\_\_\_  
\_\_\_\_\_  
City State/Province Postal Code Country

**Email:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_  
Parent, Aunt, Uncle, Friend, etc.

**Telephone:** \_\_\_\_\_ **Deposit(s) in Savings (US\$):** \_\_\_\_\_  
Include country and area codes

**Country of Citizenship:** \_\_\_\_\_

**Part II Certification**

This affidavit is made by me for the purpose of assuring the United States government that the person named \_\_\_\_\_ will not become a public charge while in the United States.  
(Student Name)

I am willing and able to maintain and support the person named above.

I intend to make specific financial contributions for the support of the person named above in the amount of US\$ \_\_\_\_\_ per year for a period of \_\_\_\_\_ year(s).

I have attached an original bank letter(s) on official stationery, or a certified true copy, in English, or accompanied by an official translation, indicating an exact amount of readily available funds to support the person named in **Part II**.

**Part III Oath/Affirmation**

**I acknowledge that I am aware of my responsibilities as the sponsor of the person named above. I swear or affirm that (1) I know the contents of this affidavit signed by me and (2) the statements are true and correct.**

Signature of Sponsor

Printed Name of Sponsor

Date Signed  
mm/dd/yyyy



## Personal Information Sheet for International Applicants

- Return form and any additional documentation with your application for admission.
- You must complete this form in order to receive a Form I-20 or DS-2019.

### Part I Applicant Information

Name (as it appears in passport): \_\_\_\_\_  
Last (family) First (given) Middle

Gender:  Male  Female Country of Citizenship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(mm/dd/yyyy) City Country

#### Immigration Status:

If currently in the United States:

- What is your current non-immigrant status (i.e. F-1, J-1, B-2)? \_\_\_\_\_
- Please attach copies of Form I-94 (front and back) and your current immigration document (e.g., I-20, DS-2019, Form I-797).

### Part II Dependent Information

Provide the following information if you have family members (spouse and/or children) who will be accompanying you to MU.

Name of family member: \_\_\_\_\_  
Last (family) First (given) Middle

Relationship:  Spouse  Child

Gender:  Male  Female Country of Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(mm/dd/yyyy) City Country

Name of family member: \_\_\_\_\_  
Last (family) First (given) Middle

Relationship:  Spouse  Child

Gender:  Male  Female Country of Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(mm/dd/yyyy) City Country

Name of family member: \_\_\_\_\_  
Last (family) First (given) Middle

Relationship:  Spouse  Child

Gender:  Male  Female Country of Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(mm/dd/yyyy) City Country