

Affidavit of Support for Exchange Students

**Central Connecticut State University,
Exchange Visitor Program, Center for International Education
1615 Stanley Street, New Britain, Connecticut 06050**

This document must contain all the appropriate signatures and notarizations before an exchange visitor may be issued a Form DS-2019 from Central Connecticut State University. Affidavit must be dated within six (6) months of the visitor's intended date of enrollment.

All bank statements must in English - No Exception.

Exchange Visitor's Information

Visitor's name: _____
Family (Last) First Middle Initial

Visitor's permanent address: _____

Visitor's present phone and email: _____

City of birth: _____

Country of birth: _____ Date of Birth: ____/____/____
(month/day/year)

Country of citizenship (passport): _____

Country of residency: _____

Dependent Information

Dependent's name: _____
Family (Last) First Middle Initial

City of birth: _____

Country of birth: _____ Date of Birth: ____/____/____
(month/day/year)

Country of citizenship (passport): _____

Country of residency: _____

(Please list all of the above information for additional dependents on a separate sheet of paper).

Be sure to complete both sides of form.

*Central Connecticut State University accepts saving/checking account statements, Certificate of Deposit, Mutual Funds, Stocks, Bonds, Salary Letters from Employers. **Life Insurance, Retirement or Pension Accounts ARE NOT ACCEPTED.***

Statement from Sponsor

I, _____ do swear that I will make available to
(sponsor)

_____ a total sum of \$US _____
(applicant) (dollars)

for each year at Central Connecticut State University. This money is in addition to any passage money needed for return to the country of origin. I understand that Central Connecticut State University will not be able to assist the student financially. I, the undersigned, realize that I am fully responsible, and will be held accountable by the University for maintaining the terms of this statement.

My relationship to the applicant is _____ .

Sponsor's Signature

Date

Stamp/Signature of Notary Public
Government Official

Sponsor's address: _____

Sponsor's phone and email: _____

Statement from a Bank or Financial Establishment

This is to certify that _____ whose signature appears
(sponsor)

above, has on deposit with this institution \$U.S. _____ and that the information furnished by the sponsor regarding availability of funds is accurate.

Signature of Bank Official

Title of Bank Official

Name of Bank
(Place Official Bank Seal Below)

Address of Bank

Date