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.

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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: ____________________________

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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).

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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
________________________________________________________ a total sum of $US __________
_______________________________________________________ (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