

# **Affidavit of Support for Exchange Students**

**Central Connecticut State University,  
Exchange Visitor Program,  
International Student and Scholar Services (ISSS)  
1615 Stanley Street, New Britain, Connecticut 06050  
Phone: (860)-832-2040**

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 the above information for additional dependents on a separate sheet of paper).**

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**Be sure to complete both sides of form.**

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### 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: \_\_\_\_\_

\_\_\_\_\_

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### 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