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.

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 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
__________________________________________ 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 __________________________

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