CBT College

Affidavit of Support

STUDENT INFORMATION

Name (Exactly as It appears in your passport)

Family (surename) First (given)

What level or education wilt you pursue? Diploma Associates

What will be your program of study? _____

AFFIDAVIT OF SUPPORT

This affidavit must be completed by the parents or sponsors of the student named abolle and certified by a notary official or corresponding authority.

I, _____ , certify that I am able, willing and do promise to provide _____

Name of Sponsor Name of Student

No less that U.S. $ _____ to meet his/her expenses during each year of study at College of Business & Technology.

I have attached all supporting documentation to prove that the promised financlal resources are available to me.

Relation to the Student

Home Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

E-mail _____

Dependents (those partialy or fully dependent upon you for support)

_____

Name (family, first) Date of Birth Country of Birth Relationship to you

_____

Name (family, first) Date of Birth Country of Birth Relationship to you

Name of Employer _____

Annual Salary (optional) (USD) Other Income (Optional) (USD)

I swear that the lnformatlon I have provided above is true and correct. I understand that I will have a financial responsability to support the student named above during the length of his/her program at College of Business & Technology.

_____ _____

Sponsor's Signature MONTH/ DAY/ YEAR

_____ _____

Notary Public/ Officer Signature MONTH/ DAY/ YEAR

International Students |