



Tysons Campus
8620 Westwood Center Dr.
Vienna, VA 22182
TEL. 703-206-0508

AFFIDAVIT OF SUPPORT

I, _____ the undersigned, swear that I shall give the below-named person full support during his/her study in the United States, including living expenses and other miscellaneous expenses.

STUDENT

- Name in Full: _____
- Date of Birth: _____

SPONSOR

- Name in Full: _____
- Date of Birth: _____
- Relationship to Student: _____

Date: _____

(Sponsor's Signature)