AFFIDAVIT OF FINANCIAL SUPPORT

Student Name:		
Date of Birth:	Today's Date:	
I understand that I am required to demonstrate my a first twelve months of my program at Washington Ur available for withdrawal by the date when tuition pay that I am responsible for paying all required tuition, f	niversity in St. Louis (WashU). I understa yments are due to the University each se	nd that these funds must be emester. I also understand
If applicable, I understand that the amount of funding increase each academic year. I understand that it is mentire duration of the program.	•	
The estimate cost of the total expenses for one acade have attached bank certification to demonstrate that		
 Amount of available funding for one academic 	ic year: \$	USD
 Amount to cover dependents living expenses 	s, if applicable: \$	USD
Sponsor Information Complete the following section only if a sponsor will proceed and signed by the sponsor Sponsor Name: Sponsor's relationship to the student:		
Sponsor's e-mail address:		
Sponsor's phone number:		
I agree to provide financial support for the above-nar sponsorship includes, but is not limited to, tuition, fee by the student's admitting department.		
 Amount of support being provided for the fire 	st academic year: \$	USD
 Number of years support being provided: 		years
Sponsor Signature:		