Union Institute & University

Financial Certification Form

Personal Information: Please put your name in full as it appears in your passport.					
Family/Surname:					
First/Given Name:	Middle:				
Country of Birth:	Date of Birth	:	Country of Citizens	ship:	
	/	<u>/</u>			
	month day	year			
Are you currently in the United States? _	YESNO	If yes, list	t immigration status:	(F1, H1B, etc.)	
If yes and the immigration status is not fappointment with us for assistance with status, the form will only be issued for transfer.	a change of stat	us applica	tion. If you are not eligib		
E-mail:	Telephone:				
Mailing Address for I-20: Street Addr	ess:				
City:	Province:				
State/ Country: ZIP/ Postal Code:					
***************************************		*******************			
Funding Information: The total support available. Support for subsequent years and/or investment statements, employm investments are the most reliable source sponsor must complete the Affidavit of Statements must be attached. These statements of study—not just the first year. The period required for your degree progressions.	of study must be ent letters, tax re es of support. If a Sponsorship. If po tements/ accour nis form must b	e reasonal eturns, etc any funds a ersonal fun ats must be	oly attainable and docum . Employment/ salary let are being provided by a nds are being used, ban e in the student's name a	nented through bank ters and sponsor, the k and investment and sufficient for all	
The total amount of money that I have a amount includes the following:	vailable for each	period of	residency is \$	This	
\$ personal funds	\$s	sponsor(s)			
\$ other, please specify:					
I certify that the above information provid University of any change in my financial		d complet	e and that I shall notify L	Inion Institute &	
Student's Signature	Date				

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AFFIDAVIT OF SPONSORSHIP

NOTE: Any form not completed and sealed/ stamped by the appropriate official and not accompanied by official documents will be considered incomplete, and an I-20 will NOT be issued. This form is valid for the purpose of issuing an I-20 for one term only.

I hereby attest that I am willing and able and will provi the student named below for each period of residency	at Union Institute & University	ersity. I am attac	hing
documents that prove that the support is available/ at employment/ salary letters, tax returns, and other ass on the front of this form on the sponsor(s) line.).			
Name of student:			
My relationship to the student is:			
My full address is:			
The following are all the persons who are dependent NOT INCLUDE PERSONS WHO SUPPORT THEMS ABOVE.			
NAME	RELATIONSHIP TO M	IE	AGE
	_	_	
			000000000000000000000000000000000000000
AFFIRMATION OF	ROATH OF SPONSOR		
I hereby affirm or swear that the contents of the above	e statement are true and o	correct.	
Signature of sponsor:			_
Name of sponsor, printed:			_
NOTARIZATION (seal/ se	tamp) of Designated Off	icial	
SWORN AND SUBSCRIBED BEFORE ME THIS	DAY OF	, 20	
Signature of Notary:	(Sea	l)	
My Commission Expires:			
A Stamp or Seal must be placed here for this form to	be valid.		

Please scan and e-mail this form and all supporting documents to Dr. Mary Ginn at international.students@myunion.edu. Give the original documents to the student that you are supporting for the visa interview. Documents should be scanned as a PDF file (not a JPEG, RAR, etc.). All documents that you are sending should be combined into one PDF file, not sent as separate PDF files. The name of the student should appear in the title of the PDF file.