CLE FINANCIAL AFFIDAVIT

All CLE applicants seeking either an F-1 or J-1 visa are required to complete these documents.

A student ID: ________________________  
(If you are a new student, you don’t need to fill it out)

STUDENT’S NAME (as it appears in your passport):  
FAMILY NAME: ___________  FIRST NAME: ___________  MIDDLE NAME: ___________  
DATE OF BIRTH: Day ______Month _____ Year ______

IT IS THE APPLICANT’S RESPONSIBILITY to demonstrate that sufficient funding is available to meet all University and living expenses for his/her entire course of study. University of North Georgia issues an I-20 only after this form is completed and returned with the necessary support documents. You will need original statements of your financial documents to prove to the U.S. Consulate that you have sufficient funds, and should therefore keep a copy of this form and all supporting documents.

The current estimate of expenses (excluding the Summer Term) of ESL studies in the Center for Language Education (CLE) at University of North Georgia for one semester is $10,300 (USD) and for two semesters is $20,600. This is an estimate and subject to change without notice.

INSTRUCTIONS: Provide in Sections A and B the name and address of the individuals providing funds for your education. Each sponsor must give the amount that will be provided for the first semester and each additional semester. If you will be living with a sponsor, that sponsor must complete section A or B, and in the “Amount...” columns, write “HOUSING”. If you will be providing some of your educational support yourself, give that information in section C. If you are being supported by your home government or university, this form is not required, but you must provide an official letter stating the terms of the sponsorship. A current, original certified bank letter must be provided for each sponsor, indicating the ability to provide the guaranteed support. The bank letter must include, either in U.S. dollars or in the local currency, the amount maintained in your sponsors’ bank account(s).

SPONSOR’S CERTIFICATION  
(Primary sponsor)

SECTION A  
Name of sponsor: ________________________  Relationship to student: ________________________

Sponsor’s Address: ___________________________________________________________________

AMOUNT OF FUNDING I GUARANTEE TO SUPPORT THIS STUDENT IS: ____________  
(Funding from your bank letter converted into USD)
I CERTIFY THAT I WILL PROVIDE financial support for the education of this student as stated above. I understand that this statement is being made for the purposes of issuing a U.S. government visa document and that, should I not provide the support guaranteed, the University is not under any obligation to support the student, and that he or she will likely be unable to continue his/her education.

_______________________________________________________
Sponsor’s Signature: ____________________________ Date: __________________________

SPONSOR’S CERTIFICATION  
(Additional sponsor, if any)

SECTION B

Name of sponsor: ________________________ Relationship to student: ________________________
Address: ____________________________________________________________________

AMOUNT OF FUNDING I GUARANTEE TO SUPPORT THIS STUDENT IS: _____________
(Funding from your bank letter converted into USD)

I CERTIFY THAT I WILL PROVIDE financial support for the education of this student as stated above. I understand that this statement is being made for the purposes of issuing a U.S. government visa document and that, should I not provide the support guaranteed, the University is not under any obligation to support the student, and that he or she will likely be unable to continue his/her education.

Sponsor’s Signature: ____________________________ Date: __________________________

STUDENT CERTIFICATION  
(Must be completed by all students)

SECTION C

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM is true and complete to the best of my ability. I understand that if my sponsors fail to provide the funds indicated, the University is under no obligation to support me and that it is likely that I will be unable to continue my education at North Georgia College & State University.

Student’s Signature: ____________________________ Date: __________________________

Only if you will be providing personal funds for your education, complete the section below.

AMOUNT OF SUPPORT FROM PERSONAL FUNDS (enter USD amounts): $ ________________

If you need this document in another format, please email Xiaoyan.yang@ung.edu or call 706-864-1857.