



**THE UNIVERSITY OF TAMPA**  
International Programs

## **AFFIDAVIT OF SUPPORT**

**To be completed by a family sponsor or private sponsor:**

This is to certify that I, \_\_\_\_\_ (*name of sponsor*) will accept full financial responsibility for \_\_\_\_\_ (*name of student*) who is my \_\_\_\_\_ (*relationship*) during his/her entire period of study in the United States. I certify that I will provide him/her the minimum amount of \$ \_\_\_\_\_ payable in U.S. dollars for tuition, fees, and living expenses. Attached are originals or copies of official bank statements or bank letters signed by a bank official.

**Address of sponsor:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sponsor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_