

Affidavit of Financial Support

Name of Student:			
(Fam	ily Name) (Firs	t Name)	
Date of Birth of Student (MM/DD/Y	YYYY):		
City of Birth:	of Birth: Country of Birth:		
How will you be funding your tuition, fees, medical insurance, living and personal expenses for your program? (Check all that apply):			
Self-funded			
Parent/Guardian			
Other (Please specify):			
Self	-Funded Certification S	tatement	
I certify that I am financially able and, hereby guarantee, to provide sufficient funds to pay for the tuition,			
fees, medical insurance, living and personal expenses that I will incur while studying at Texas A&M			
University-Corpus Christi.			
udent Signature: Date:			
Affidavit of Financial Support from Sponsor I certify that I am financially able and willing to support the above-mentioned student while he/she is pursuing a course of study at Texas A&M University-Corpus Christi. I hereby guarantee to provide sufficient funds to pay for the tuition, fees, medical insurance, living and personal expenses of the student while studying at Texas A&M University-Corpus Christi.			
Signature of Sponsor:	ignature of Sponsor:Date:		
Sponsor's Name (Print):			
Relationship to Student:			
Dependent Information* (Only complete this portion if other family members will be accompanying the student during his/her studies at TAMU-CC) Number of family members that will accompany the student:			
Full Name	Relation to Student	Date of Birth (MM/DD/YYYY)	Country of Birth

^{*}Please note that an additional \$6,000 USD for each dependent will be required in financial support documents.