



Affidavit of Support for International Student

Student Name:

Date of Birth:

MM/DD/YYYY

International Students are required to demonstrate sufficient funds to cover the entire estimated cost of attendance for the 2024—2025 academic year (Fall and Spring only) at Clovis Community College as follows:

Tuition & Fees	US \$2,984
Housing	US \$9,886
Books & Supplies	US \$1,250
Transportation	US \$1,485
Miscellaneous	US \$1,727
International Student Fee	US \$100
Orientation Fee (first semester only)	US \$100
TOTAL	US \$17,532

Note: Additional US \$2,500 per year required for each accompanying dependent.

I will act as my own financial sponsor.

I am being sponsored by someone other than myself.

(Sponsor must complete information below and obtain notary/attorney/consular seal.)

Sponsor Information

Name:	Relationship:
<p>By signing this document, I attest that I am the sponsor for the student named above, and I agree to assume primary financial responsibility for all expenses of the person named above for the duration of his/her attendance at NWF State College. I guarantee that the student named above will not be without adequate financial support and necessary resources during his/her stay in the United States. I am aware that this estimate is subject to change without prior notice and is not intended to represent an exact cost for any specific student.</p>	
Sponsor Signature	Date

Required Documentation: Bank statement or letter demonstrating sufficient funds in or exceeding the amount above. Funds may be presented in any officially recognized currency. Date of statement must be no more than six months prior to the beginning of the admission term.

I, the signor, understand that this affidavit is a binding document and that eligibility for continuation of studies depends upon satisfactory academic progress and the financial support of the sponsor or self-sponsoring student.

Student Signature

Date

This Section for Notary Public/Attorney/US Consular Certification Use Only

Subscribed and sworn before me this _____ day of _____, _____,

Day Month Year

at _____

City State/Province Country

Printed Name

Signature

[Affix Official Stamp or Seal Above]