

**AFFIDAVIT
OF SUPPORT
FROM THE
FUNDING
AGENCY**
(Government,
Organization,
Institution/School)

Directions:

Ask your funding agency to complete this section, or to provide an original letter including the following details regarding your support.

We _____ hereby certify that we will pay the following expenses for _____
NAME OF SPONSOR APPLICANT

from _____ Tuition + Fees Health Insurance Living Expenses (student) Living Expenses (spouse & children)
COUNTRY

Study is approved for _____ in _____ at the University of Michigan.
DEGREE FIELD OF STUDY

Funding is effective from _____ / _____ to _____ / _____
MONTH YEAR MONTH YEAR

Total award is \$ _____ per year for _____ years
U.S. DOLLARS

Name _____ Official Title _____

Address _____
NUMBER AND STREET CITY STATE COUNTRY POSTAL CODE

Address where tuition and fees will be billed (if applicable) _____
NUMBER AND STREET

CITY STATE COUNTRY POSTAL CODE

Signature _____ Date _____

Official Seal of Funding Institution (if available)

**ADDITIONAL
INFORMATION**

Are you currently in the United States? Yes No

If yes, please answer the following questions:

What is your current visa status? _____

Do you anticipate leaving the United States? Yes No If yes, what is the expected date of departure _____

**APPLICANT'S
DECLARATION**

I _____ hereby promise that the information provided is correct and complete.
I understand I ultimately am responsible for all anticipated yearly expenses for the length of my stay in the United States. I understand that these documents will not be returned to me.

Applicant's Signature _____ Date _____