

Office for International Students and Scholars (OISS)

Affidavit of Financial Support

Updated 01/03/2025

Student name:		
Date of birth:	Today's date:	
first 12 months of my program at Washington available for withdrawal by the date when	mm-dd-yyyy ate my ability to cover all required tuition, fees I University in St. Louis (WashU). I understand In tuition payments are due to the Universi I required tuition, fees, and living expenses f	that these funds must be ity each semester. I also
	ant of funding that will be required for the landerstand that it is my responsibility to some.	
	one academic year has been provided to me b trate that I or my sponsor(s) have sufficient fi	
 Amount of available funding for one a 	academic year: \$	USD
 Amount to cover dependents living ex 	openses, if applicable: \$	USD
Student signature:		
Sponsor Information		
Complete the following section <u>only</u> if a sponse section must be completed and signed by the s	or will provide funding for the first academic ye sponsoring individual or representative of the s	
Sponsor name:		
Sponsor's relationship to the student:		
Sponsor's e-mail address:		
Sponsor's phone number:		
I agree to provide financial support for This sponsorship includes, but is not limited estimate provided by the student's admitting	d to, tuition, fees and living expenses as c	
 Amount of funds being provided for t 	he first academic year: \$	USD
 Number of years support being provided 	ded:	years
Sponsor signature:		

Additional Sponsor Section

Sponsor Information

Complete the following section <u>only</u> if a sponsor will provide funding for the first academic year in the program. This section must be completed and signed by the sponsoring individual or representative of the sponsoring organization.

Sponsor name:	
Sponsor's relationship to the student:	
Sponsor's e-mail address:	
Sponsor's phone number:	
I agree to provide financial support for the above-named student while includes, but is not limited to, tuition, fees and living expenses as o the student's admitting department.	
 Amount of support being provided for the first academic year: \$ 	USD
Number of years support being provided:	years
Sponsor signature:	
Sponsor Information	
Complete the following section <u>only</u> if a sponsor will provide funding for the section must be completed and signed by the sponsoring individual or repr	
Sponsor Name:	
Sponsor's relationship to the student:	
Sponsor's e-mail address:	
Sponsor's phone number:	
I agree to provide financial support for the above-named student while includes, but is not limited to, tuition, fees and living expenses as o the student's admitting department.	
 Amount of support being provided for the first academic year: \$ 	USD
 Number of years support being provided: 	years
Sponsor signature:	