



LINDENWOOD

UNIVERSITY

OFFICE OF ADMISSIONS AND SERVICES
FOR INTERNATIONAL STUDENTS

AFFIDAVIT OF SUPPORT

Name of Applicant:

Title (Ms. /Mr.) _____ Last (Family Name) _____ First _____ Middle Initial _____

Address: _____

City: _____ Postal Code: _____ Country: _____

Date of Birth: _____ Country of Birth _____ Phone number: _____
(MM/DD/YYYY)

Email Address of Applicant: _____

Dependents – (Spouse and/or child(ren) ONLY)

Please note: Parents cannot be listed as dependents

- I plan to come without dependents
 I will be accompanied by dependents (Add \$6000 annually per dependent.).

Please attach a copy of the passport for each dependent listed below and submit with your application. If you are requesting a dependent visa for your spouse, please provide a copy of your marriage certificate in English.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Sponsor's Information:

Sponsor's Name _____ Account Holder's Name(s) _____

Relationship to Student _____ Sponsor's Email Address _____

Address: _____

City: _____ Postal Code: _____ Country: _____

I pledge financial support to meet the educational and living expenses of this student.

Sponsor's Signature _____ Date _____

The information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement may result in denying or revoking admission and any issued financial award.

Applicant's Signature _____ Date _____