AFFIDAVIT OF SUPPORT

If a family member or friend is sponsoring you financially while at Johns Hopkins University, he/she must complete this form. If you have more than one sponsor, please have each sponsor complete a **separate** form. You will need to submit each form with their funding documentation.

Student's Name: _____

Student's DOB: _____

I, _____, will support _____ with no less
(NAME) (STUDENT'S NAME)

Than US $ _____ for the duration of _____ to _____, while at
(AMOUNT) (START DATE) (END DATE)

Johns Hopkins University.

I have provided financial documentation of liquid assets to the student to provide to the Office of International Students. Additionally, I will continue to assume financial responsibility for this student during the entire duration of study at Johns Hopkins University.

If the student has dependents, please indicate your support:

- I WILL support the student's dependents.
- I WILL NOT support the student's dependents

I have reviewed and understand the estimated minimum expenses required. I agree that I will provide the above stated financial support so long as the student is enrolled in Johns Hopkins University. I understand that failure to provide the above stated amount can result in a violation of the student's F-1 immigration status and the loss of benefits associated with this status.

I certify that all the information on this form is true and accurate.

Sponsor's Name (printed): _____

Relationship to student: _____

Sponsor's Signature: _____

Date: _____