FAIRMONT STATE UNIVERSITY™
Office of Admissions

Office of Admissions

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Phone: (304) 367-4141 • Fax: (304) 367-4789
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SPONSOR AFFIDAVIT FORM

You must be able to provide information which confirms that you are able to cover the expenses for your first academic year at Fairmont State University. You can find costs associated with attending Fairmont State University at www.fairmontstate.edu/internationalstudents/admissions/expenses-international-students

Applicant's Name: _____

Family Name First Name Middle Name

Dependent Information:

☐ I do not plan to bring dependents

☐ I plan to bring the following dependents with me (include a copy of passport and proof of additional financial support of $6,000 per dependent)

Family Name, First Name, Middle Name Relationship

_____

_____

_____

Source of financial support (must be in U.S. dollar format and translated to English)

*List the amount you will receive from each source

Personal funds: $ _____

*must include a certified statement that is no more than 3 months old

Friend or family member: $ _____

*must include the sponsor affidavit form and a certified bank statement no more than 3 months old.

Government Agency, Private Funding or other source: $ _____

*must include a copy of the award letter

Support from Fairmont State University: $ _____

*must include a copy of the award letter

TOTAL SUPPORT $ _____

STUDENT STATEMENT

I certify that the information included on this form and all other documents provided are correct and will notify Fairmont State University of any changes. I understand that I am responsible for tuition and fees payable at the start of each semester.

_____ _____

Student's Signature **Date**