

**AFFIDAVIT OF SUPPORT**  
**Statement of Financial Responsibility for Modular Canadian Students**

**NOTE: This form must be received in Intl. Student Services by these dates for issuance of the I-20 form:**  
*June 1 for fall term - November 1 for spring term - April 1 for summer term*

**Send to: Wheaton College, Intl. Student Services, 501 College Ave., Wheaton, IL 60187**  
**Phone: (630) 752-5191 Fax: (630) 752-5935**

**GENERAL INFORMATION**

(Please answer all questions)

Name: \_\_\_\_\_ ID# \_\_\_\_\_  
 Undergraduate \_\_\_\_\_ MA \_\_\_\_\_ PsyD \_\_\_\_\_ PhD \_\_\_\_\_ Graduate modular student \_\_\_\_\_  
 Have you been accepted yet? \_\_\_\_\_  
 If graduate modular student, number of weeks on campus each time \_\_\_\_\_  
 First week begins \_\_\_\_\_ Partnership Agency: \_\_\_\_\_

**FINANCIAL SPONSOR FOR DEPENDENT STUDENT**

I represent that it is my responsibility to the above student to guarantee all costs for the time s/he enrolled at Wheaton College during 2010-11, and for each subsequent year in which the student is enrolled. I acknowledge that Wheaton has provided consideration to me by providing educational and other student services to him/her.

I certify that I am willing and able to support the above student, and I will provide continued support at the level required for each year as long as s/he remains at Wheaton College.

Sponsor's signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Please print name) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupation \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**SELF SUPPORTING STUDENT**

I realize that it is my responsibility to guarantee that all costs will be paid by me for the 2010-11 academic year, and for each subsequent year in which I am enrolled at Wheaton from the following sources:

Amount	Source
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Please print name) \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_