

AFFIDAVIT OF SUPPORT
Statement of Financial Responsibility for Modular Canadian Students

NOTE: This form must be received in the Financial Aid Office 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, Graduate 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 2009-10, 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 2009-10 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 _____