

NICHOLLS
STATE UNIVERSITY

INTERNATIONAL STUDENT SERVICES

**Exchange Student
Affidavit of Support Form**

A FORM DS-2019 CANNOT BE ISSUED TO YOU UNTIL WE HAVE RECEIVED ALL DOCUMENTS RELATED TO YOUR FINANCIAL ABILITY.

You are required to certify that you will have available the sum of **\$6,500.00 (minimum)*** for your expenses **for one semester of study** at Nicholls State University, exclusive of travel and insurance expenses.

***Fees are subjected to change**

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

1. I, _____ certify that the total amount of money I have available for my first academic year of study at Nicholls State University is U.S. \$ _____. Further, I certify that the above information provided is correct and complete and I shall notify Nicholls State University of any change in my financial circumstances.

Student's signature _____ Date _____

2. This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

Sponsor's Signature _____ Date _____

Sponsor's Name (Printed) _____

Sponsor's Address: _____

(Street Address)

(City)

(State or Province)

(Country)

(Zip Code)

Relationship of Sponsor to Applicant _____

NOTE: THE FOLLOWING STATEMENT MUST BE COPIED AND COMPLETED BY YOUR (OR YOUR SPONSOR'S) BANK OR FINANCIAL INSTITUTION ON ITS LETTERHEAD STATIONARY. **DO NOT WRITE ON THE FORM BELOW.**

3. This is to certify that I have read the information given by the applicant on the Affidavit of Support Form, that it is true and accurate, and that the applicant's sponsor has sufficient funds to cover the student's expenses while she/he is in the United States.

Bank Official's Signature _____

Bank Official's Name (Printed) _____ Title _____

Name of Bank _____