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AFFIDAVIT OF FINANCIAL SUPPORT (Undergraduate Programs)

Applicant Information									
Last			First				Mido	Middle	
Name			Name	Name					
Permanent Addre						Unit			
Number & Street								Number	
City		State			ZIP			Date of Birth	
					Postal Code			(mm/dd/yyyy)	
		Mobile				Email Address			
Number Nu		Number	ber Addı			:SS			
Dependent Information (Support must be available annually in the amount of \$4,500 (U.S.) for each dependent listed below)									
Dependent 1	Last					First			
	Name					Name			
	Date of Birth			Country of				Relationship	
				Citizenship			to A	pplicant	
Dependent 2	Last					First			
	Name					Name	·	the second second	
				Country of	-			Relationship	
Dependent 3	(mm/dd/yyyy) Citizenship					to Applicant First			
						Name			
	Date of Birth Country o						Relat	Relationship	
	(mm/dd/yyyy)			-	Citizenship			to Applicant	
Sponsor Information									
Last			First	First			Mido	Middle	
Name			Name				Nam	Name	
Permanent Address							<u> </u>	Unit	
Number & Street								Number	
City State				ZIP Postal C	ZIP Postal Code		Country		
Relationship Phone		Phone			Email	Email			
to Applicant Number		Number			Address	Address			
How many people are you supporting in addition to this applicant (including your own family members)?									
This form must be ac	companied with a cortif	ficate of don	sit (drawn u	indor the name	a of the stu	ident) current hank	· statomont	(must show history of 6 months minimum) or	

This form must be accompanied with a certificate of deposit (drawn under the name of the student), current bank statement (must show history of 6 months minimum) or letter from the sponsor's or the student's bank (must indicate average balance for the past 6 months minimum). The document must indicate total funds available to cover the annual education expenses of the student.

Certification of Responsibility

This is to certify that I (student) or I/We (sponsor) assume financial responsibility of up to \$22,000* (U.S.) per academic year as needed for the educational-related expenses and support of the above-named self/applicant during the course of my/his/her attendance at Nobel School of Business. I (student) or I/We (sponsor) understand that each semester full tuition and fees must be paid at time of registration. In addition, I (student) or I/We (sponsor) assume financial responsibility, in the amount of \$4,500 (U.S.) for each of my/the applicant's dependent(s) if indicated above that spouse and/or children will be living with the student.

Name of Sponsor	Name of Student
Signature of Sponsor	Signature of Student
Date	Date

*\$22,000 (U.S.) indicates the annual cost for undergraduate degree programs (tuition, textbooks, rooms/ board, transportation and personal expenses). Duration of the program is for one academic year (eight months). Prices are subject to change without notice.