

Los Angeles Main Campus 505 Shatto Place, Suite 300 Los Angeles, CA 90020 Tel: 213.382.1136 Fax: 213.382.1187 Website: www.nobeluniversity.edu **Buena Park Branch Campus**

6131 Orangethorpe Avenue, Suite 116 Buena Park, CA 90620 Tel: 714.228.0307 Fax: 714.228.0308 Website: www.nobeluniversity.edu

AFFIDAVIT OF FINANCIAL SUPPORT (Graduate Programs)

AM111

| Applicant Information | | | | | | | | | |
|---|--------------------------|------------------|---------------|---------------|--------------------|---------------------------|--------------|--|--|
| Last | | | First | | | | Middle | | |
| Name | | | Name | | | | Name | | |
| Permanent Address Unit | | | | | | | | | |
| Number & Street | | | | | | | | Number | |
| City | | State | | | ZIP Destal Cada | | | Date of Birth | |
| Llowe Telephone | | Mahila | | | Postal Code | | | (mm/dd/yyyy) | |
| Home Telephone Number | | Mobile Number | | | Email Address | | | | |
| | | | | | | | | | |
| 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 | | | |
| | (mm/dd/yyyy) Citizenship | | | | | First | to Applicant | | |
| Dependent 2 | Last Name | | | | | First Name | | | |
| | | | | Country of | | | Relationship | | |
| | | | | Citizenship | - | | | oplicant | |
| Dependent 3 | Last | | | | | First | | | |
| | Name | | | | | Name | | | |
| | Date of Birth Country of | | | | | | | Relationship | |
| | (mm/dd/yyyy) | | | Citizenship | | to Applicant | | | |
| Sponsor Infor | mation | | | | | | | | |
| Last | | | First | | | | Middle | | |
| Name | | | Name | | | | Nam | - | |
| Permanent Addre | SS | | | | | | | Unit | |
| Number & Street | | | | | | | | Number | |
| City | | State | | | ZIP Postal Code | | | Country | |
| Relationship Pho | | Phone | | | | | | 1 | |
| - | | Number | Address | | | 5 | | | |
| How many people are you supporting in addition to this applicant (including your own family members)? | | | | | | | | | |
| This form must be ac | companied with a certif | icate of dep | osit (drawn u | nder the name | e of the stu | ident), current bank stat | tement | (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 studer | nt. | | | | | | | |
| Certification of Responsibility | | | | | | | | | |
| This is to certify that I (student) or I/We (sponsor) assume financial responsibility of up to $$26,000^{\circ}$ (U.S.) per academic year as needed for the advectional solution of the advectionadvection of the advectionadvection of the advection of the adve | | | | | | | | | |

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 |

*\$26,000 (U.S.) indicates the annual cost for graduate 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.