MERIDIAN UNIVERSITY

Financial Certification Form

Personal Information: Please put y	your name in full as it appears i	n your passport.
Family/Surname:		
First/Given:	Middle:	
Country of Birth		Country of Citizenship
	month day year	
Are you currently in the United Sta	tes?YESNO If yes, list	immigration status:(F1, H1B, etc.
If Yes, and the immigration status i appointment with us for assistance change of status, the form will only	e with a change of status applic	ation. If you are not eligible for a
E-mail:	Telephone:	
=======================================	==========	
Mailing Address for I-20: Street Ad	idress:	
Ç		
City:	Province	
State/Country	Zip/Postal Code:	
	==========	
your program. Acceptable sources returns; and other investments. If	s of support include: bank state any funds are being provided b ship on the back of this form. If	· · · · · · · · · · · · · · · · · · ·
The total amount of money that I hat This amount includes the following	=	residency is \$
\$	personal funds \$	sponsor(s)
\$	other, please specify:	
I certify that the above information University of any change in my fina Student's Signature	ancial circumstances.	ete and that I shall notify Meridian Date

AFFIDAVIT OF SPONSORSHIP

NOTE: Any form not completed and sealed/stamped by the appropriate official and not accompanied by

official documents will be considered incomplete and an I-20 will not be issued. This form is valid for 6 months only for the purpose of issuing an I-20. I hereby attest that I am willing and able and will provide no less than US \$_____ in cash to the student named below for each period of residency at Meridian University. I am attaching documents that prove the support is available/attainable; including bank statements, employment/salary letters, investments, tax returns and other assets (The amount indicated should agree with the amount on front of this form from the sponsor(s) line). Name of student _____ My relationship to the student is My full address is: The following are all of the persons who are dependent upon me for their housing, food, or financial support. DO NOT INCLUDE PERSONS WHO SUPPORT THEMSELVES. DO NOT INCLUDE THE STUDENT NAMED AROVE NAME **RELATIONSHIP TO ME** AGE ______ AFFIRMATION OR OATH OF SPONSOR I hereby affirm or swear that the contents of the above statement are true and correct. Signature of sponsor ______ Name of sponsor, printed _____ ______ NOTARIZATION (seal/stamp) of Designated Official SWORN AND SUBSCRIBED BEFORE ME THIS _____ OF _____, 20 ___. Signature of Notary _____ (Seal) My Commission Expires _____ A Stamp or Seal must be placed here for this form to be valid. ______ Please mail the original financial documents to:

> Meridian University 47 Sixth St. Petaluma, CA 94952

Attn: Rob Gall, PDSO