



Student's Name:

_____ *Family/Last Name(s)*

_____ *Given Name(s)*

MCPHS ID Number:

M_____

Sponsor's Name:

_____ *Family/Last Name(s)*

_____ *Given Name(s)*

**Sponsor's Relationship
To Student:**

_____ *(e.g. parent, spouse, friend)*

This certifies that I, _____, am willing and
Sponsor's printed name

able to financially support the above name student (and his/her family, if applicable), for tuition, academic fees, and living expenses in the amount¹ of (U.S. \$) _____ throughout the duration of his/her studies at MCPHS University². Official documentation of available funds for at least the first year of enrollment or extension³ (written in or professionally translated into English) is submitted alongside this Financial Sponsorship Certification⁴. It is the student's responsibility to document availability of additional funding, if required.

Sponsor's Signature:

Signature Date:

¹ See I-20 Academic Program Estimated Budgets for minimum expense figures.

² If you are the sole sponsor, the listed amount of sponsorship must be equal to or greater than the student's Total Estimated Annual Budget.

³ If the program or extension is shorter than one academic year, then it is only necessary to certify funding for that period of time

⁴ If this is a shared bank account, all account holders must sign the *Financial Sponsorship Certification*.