Student's Name: ____________________________  ____________________________

Family/Last Name(s)  Given Name(s)

MCPHS ID Number: ____________________________

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 able to financially support the above name student (and his/her family, if applicable), for tuition, academic fees, and living expenses in the amount\(^1\) of (U.S. $) ____________________________ throughout the duration of his/her studies at MCPHS University\(^2\). Official documentation of available funds for at least the first year of enrollment or extension\(^3\) (written in or professionally translated into English) is submitted alongside this Financial Sponsorship Certification\(^4\). It is the student’s responsibility to document availability of additional funding, if required.

Sponsor’s Signature: ____________________________

Signature Date: ____________________________

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\(^1\) 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.
Financial Sponsorship Certification