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AFFIDAVIT OF FINANCIAL RESPONSIBILITY/SUPPORT- Doctorate Degree

			DATE OF BIRTH			
Last	First	Middle	-	Month Da	y Year	
RESS						
ONE NUMBER		E-MAIL				
ase complete the following i	f your dependent/s will be living wi	th you while you are at	tending the University	7.		
NAME	RELATIONSHIP TO STUDENT	DATE OF BIRT	TH CC	COUNTRY OF BIRTH		
oort must be available yearl	y in the amount of \$4,000 (U.S.) for	r each dependent listed	above.			
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*18,000 indicates the annual cost for Doctorate Degree program (tuition, textbooks and cost of shared living). Duration of the program is for four academic years. Prices are subject to change without notice. If deemed necessary, California University of Management and Sciences reserves the right to require one year's tuition in advance before mailing the I-20 or DS2019.

Mail this form to: Office of Admissions
California University of Management and Sciences
721 North Euclid Street
Anaheim, California 92801