



**CALUMS**

CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

**Tel:** 714-533-3946 **Fax:** 714-533-7778  
**Website:** www.calums.edu **Email:** info@calums.edu  
**Address:** 721 N. Euclid Street, Anaheim, CA 92801

**AFFIDAVIT OF FINANCIAL RESPONSIBILITY/SUPPORT- Non- Degree**

■ **TO BE COMPLETED BY THE APPLICANT**

**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
*Last First Middle Month Day Year*

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

Please complete the following if your dependent/s will be living with you while you are attending the University.

NAME	RELATIONSHIP TO STUDENT	DATE OF BIRTH	COUNTRY OF BIRTH

Support must be available yearly in the amount of \$4,000 (U.S.) for each dependent listed above.

■ **TO BE COMPLETED BY THE SPONSOR** (If other than the applicant)

This form must be accompanied with a current bank statement or letter from the sponsor's or the student's bank. The bank statement must indicate the total fund available to cover the annual educational-expenses of the student.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**SPONSOR'S RELATIONSHIP TO APPLICANT** \_\_\_\_\_

How many people are you supporting in addition to this applicant (include your own family members)? \_\_\_\_\_

■ **CERTIFICATION OF RESPONSIBILITY**

This is to certify that I (student) or I/We (sponsor) assume financial responsibility, up to \$12,000\* (U.S.) per academic year as needed for the educational- related expenses and support of the above -named self/ applicant during the course of my/his/her attendance at the California University of Management and Sciences. I (student) or I/We (sponsor) understand that each quarter the 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 \$4,000 (U.S.) for each of my/ the applicant's dependent(s) if indicated above that spouse and/or children will be living with student.

*NAME OF SPONSOR* \_\_\_\_\_ *NAME OF STUDENT* \_\_\_\_\_

*SPONSOR'S SIGNATURE* \_\_\_\_\_ *STUDENT'S SIGNATURE* \_\_\_\_\_

*DATE* \_\_\_\_\_ *DATE* \_\_\_\_\_

\*12,000 indicates the annual cost for English as a Second Language program (tuition, textbooks and cost of shared living). Duration of the program is for one academic year. 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**