

VIRGINIA BRANCH CAMPUS

400 N. Washington St. Suite 200, Falls Church, VA 22046 **Tel**: 703-663-8088, **Fax**: 703-663-8090

AFFIDAVIT OF FINANCIAL SUPPORT

NAME		DATE OF BIRTH					
Last	First	Middle		Month	Day	Year	
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ease complete the followi	ng if your dependent/s will be living wi	th you while you are atte	ending the University	y .			
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ouse and/or children will		55,000 (O.S.) for each of	the applicant's depe	nacitts ii ii	idicated at	ove in	
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S2019.	a University of Management and Sciences re	escrives the right to require	one year's tuition in ad	vance befor	e maning t	ne 1-20	

Mail this form to: Office of Admissions
California University of Management and Sciences
400 N. Washington St.
Falls Church, VA 22046



VIRGINIA BRANCH CAMPUS

400 N. Washington St. Suite 200, Falls Church, VA 22046 **Tel**: 703-663-8088, **Fax**: 703-663-8090

AFFIDAVIT OF FINANCIAL SUPPORT - MASTER'S DEGREE

E		DATE OF BIRTH				
Last	First	Middle		Month	Day	Year
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omplete the following	if your dependent/s will be living wi	th you while you are attend	ding the University	y.		
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	ume financial responsibility, up to \$7 ve-named applicant during the course					
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tion I/We assume finan	cial responsibility, in the amount of \$	3 000 (U.S.) for each of th	ne applicant's dene	ndents if ir	idicated al	hove th
and/or children will be	1 27	-, ()				
OR'S NAME PRINTED						
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OR'S SIGNATURE		DAY	rr.			

Mail this form to: Office of Admissions
California University of Management and Sciences
1126 North Brookhurst Street Suite #310
Anaheim, California 92801

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

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