AFFIDAVIT OF SUPPORT

International student applicants requiring an F-1 student visa or a J-1 exchange visa must return this form to:

Loyola University New Orleans
Office of Undergraduate Admissions
Campus Box 18
6363 St. Charles Ave
New Orleans, LA 70118

Before the American Embassy will issue a student visa to study at Loyola University New Orleans, the prospective student must show evidence that they have access to a minimum of $54,752.00 per year while in the United States. This amount is the minimum cost of living and studying for a single international university student for nine months. Costs for married students bringing their families will be higher.

The person signing this Affidavit of Support is agreeing to provide at least this amount per year for the student. The sponsor’s signature must be certified by a bank official where the funds are located. If it is not certified, it will not be accepted. If you cannot fill the information requested on this Affidavit, you are not fulfilling the requirement. We cannot move forward with your Student Visa paperwork until receiving this form.

STATEMENT OF CHARGES
SPRING 2015 and FALL 2015

<table>
<thead>
<tr>
<th>Expenses Per Year</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition (Undergraduate)*</td>
<td>$36,214.00</td>
</tr>
<tr>
<td>Books and Supplies (approximate)</td>
<td>$810.00</td>
</tr>
<tr>
<td>Room</td>
<td>$7,430.00</td>
</tr>
<tr>
<td>Meals</td>
<td>$4,912.00</td>
</tr>
<tr>
<td>Fees</td>
<td>$1,616.00</td>
</tr>
<tr>
<td>International Student Health Insurance**</td>
<td>$1,270.00</td>
</tr>
<tr>
<td></td>
<td>Subtotal</td>
</tr>
<tr>
<td>Additional Living Expenses***</td>
<td>$2,500.00</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

* Tuition fees for graduate students in music and counseling is $818 per credit hour. With a minimum course-load of nine credit hours per semester, tuition and fees will be $16,340 for the year. All other expenses will remain the same. ** Rates are for single students. Rates for spouses and dependents will be slightly higher. All rates are subject to change. *** Estimated additional living expenses for a single student for nine months at Loyola.
Student’s Full Name as it appears on the passport or national identification:

____________________________________________________________________

Family (surname)

____________________________________________________________________

Given (first)

____________________________________________________________________

Middle (if applicable)

Student’s permanent mailing address in their home country:

____________________________________________________________________

____________________________________________________________________

Email address: ________________________________

Date of birth: ____________/__________/__________

Month     Day     Year

Place of birth (country): _______________________

Country of citizenship: _______________________

Expected date of enrollment: ___________________

Academic major: ______________________________
Sponsor Information:

I certify that I will provide financial support for ______________________ (student’s name) while he/she is a student at Loyola University New Orleans. I understand that the money required for this support is a minimum of $54,752.00. (This sum does not include travel expenses to and from the student’s home country.) I further understand that this commitment continues as long as the student is a regular, full-time student at Loyola University New Orleans that all fees are due upon billing and no later than thirty days following registration, and that fees are subject to change without notice.

NOTE: If the student receives an institutional merit based scholarship and/or a talent scholarship, the amount to show in the affidavit will be the remaining balance. The specifications of this amount can be shown through the bank statement.

Sponsor’s address:

________________________________________________________________________

________________________________________________________________________

Telephone No. (with city & country code)       Fax No. (with city & country code)

__________________________________________  ______________________________

Relationship to Student    Print Name of Sponsor    Signature of Sponsor

TO BE SIGNED BY BANK OFFICIAL AND STAMPED WITH SEAL OF BANKING INSTITUTION: (In lieu of the bank signature, a certified letter from the banking institution specifying the amount on deposit will be accepted.)

_________ day of ________________ year_________ at ____________________________

________________________________________

Signature of bank official where funds are located

________________________________________

Title of bank official