



FINANCIAL GUARANTEE AUTHORIZATION

Student Information:

Last Name: _____ First Name: _____

CESL Student ID Number: _____

Who will take financial responsibility for your studies? Choose the appropriate option below:

1. Personal Funds: I will pay my tuition, fees and other expenses from my own bank account.

2. Private Sponsor: Someone else will pay my tuition, fees and expenses from their bank account. I confirm that my sponsor is not in the U.S. in non-immigrant status.

Name of the Sponsor: _____ Relationship to you: _____

Email address: _____

By signing below I agree to pay all of the required expenses for this applicant's studies at the Center for English as a Second Language (CESL) at the University of Arizona. I confirm that I am not in the U.S. in non-immigrant status. I also permit this student to use my financial statement for the purpose of obtaining all required immigration documentation.

Sponsor's Signature: _____ Date* _____

3. Scholarship: Government agency, university, business or other institution that will pay your educational expenses.

Name of the Scholarship Provider/Sponsor: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

* This Financial Guarantee Authorization is valid for 6 months from the date of signature or until the sponsor chooses to withdraw their support.