Rowan College South Jersey
F-1 INTERNATIONAL STUDENT AFFIDAVIT OF SPONSOR
ANNUAL SALARY STATEMENT OPTION

Note: You may photocopy this form for use by more than one sponsor. Affidavits must be notarized and updated annually.

Name of Sponsor: ________________________________________________________

Address of Sponsor: ________________________________________________________

Sponsor’s Telephone Number (Day) __________________ (Evening) __________________

Relationship to Student: ______________________________________________________

I certify that I am willing, able, and do promise to provide funds in the amount of $ ____________________________ to ______________________________________ (US dollars) (Name of Student)

for each year of study at Rowan College South Jersey in Sewell, New Jersey. I have maintained a monthly bank account balance equal to or greater than the amount listed in the “Estimated Annual Budget” for international students.

The following persons are dependent upon me for their housing, food, and financial support.

Do not list the student named in this affidavit, grown children, or spouses who support themselves.

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<th>Name</th>
<th>Relationship</th>
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I understand that this information must be supported and certified by my employer and my

Nationally recognized banking institute using the form titled ANNUAL SALARY SUPPLEMENT.

_____________________________________________________
Sponsor’s Signature
I hereby affirm or swear that the contents of the statements in this affidavit are true and correct.

________________________________________
Signature of Sponsor

Sworn and subscribed to me this _________ day of ____________________ in the year __________

________________________________________
Signature of Notary

Seal or Stamp:
Rowan College South Jersey
F-1 INTERNATIONAL STUDENT AFFIDAVIT OF SPONSOR

ANNUAL SALARY SUPPLEMENT

Section A to be completed by employer.

______________________________ is an employee in good standing at
(Name of Sponsor)

______________________________ and earns an annual income of
(Name of Company)

______________________________ (use local currency)
(Income Amount)

I hereby certify that the above information is true and accurate.

______________________________ _________________________________
(Signature of Certifying Agent) (Title)

______________________________ _________________________________
(Print Name) (Company Address)

Place Official Company Seal or Stamp over this statement.