USC International Academy University of Southern California 950W. Jefferson Blvd., JEF 200 Los Angeles, CA 90089 1292 Tel: 1.213.740.0080 Fax: 1.213.740.0088 info-international@usc.edu http://international.usc.edu

Affidavit of Support

This letter of support should be completed by the student's sponsor and submitted with the program application or emailed directly to the International Academy admissions team: info-international@usc.edu

| SECTION | 1: SPONSOR INFORMATION | | | | | |
|--|----------------------------------|------------------------------------|---------------|----------------------|--------|--|
| | | | | |] | |
| Name | Last Name | First Name | Middle 1 | Name | | |
| | | 1 1/3/14/110 | 1111111111111 | | | |
| A 1 1 | | | | | | |
| Address | Street Address | | | | | |
| | | | | | | |
| | Apartment, Building, Floor, etc. | | | | | |
| | | | | | | |
| | City | State / Province | | Postal Code | | |
| | | | | | | |
| Email | | Relationship to Student | | | | |
| | | | | | | |
| | | | | | | |
| SECTION | 12: STUDENT INFORMATION | | | | | |
| Name | | | | | | |
| Ivanie | | | | | | |
| | | | 7 - | | | |
| Email | | Date of Birth ///// | Ger | nder 🗌 Female | □ Male | |
| | | | | | | |
| | | | | | | |
| SECTION | N3: SPONSOR SIGNATURE | | | | | |
| I. | , accept full | responsibility for program fees, h | ousing, meal | ls. and any other li | ving | |
| expenses incurred by the student listed above. I understand that the USC International Academy enrollment deposit is due at | | | | | | |
| least 30 days before the first day of the program and a full payment of remaining fees needs to be made by the program start date. | | | | | | |
| | | | | | | |

| Signature | Date |
|-----------|------|