

Joint Certificate of Sponsor and Financial Responsibility

(If there is more than one sponsor, please photocopy this sheet and submit one for each sponsor)

A. **Applicant's Name:** _____ | _____ | _____
 Family/Surname Given/First Name Middle Name

Sponsor's Name: _____ | _____ | _____
 (please print) Family/Surname Given/First Name Middle Name

Current Address _____
 Street Address

City _____ Province/State _____ Postal Code _____ Country _____

Email: _____ Phone: _____ Fax: _____

Relationship to Applicant: _____

Sponsors living in the U.S.A. must check the appropriate status: U.S. citizen Immigrant Nonimmigrant (Visa type _____)

I promise to provide funds as follows:

	1 st Year	2 nd Year	3 rd Year
Individual sponsor (not a member of your family)			
From sponsor's savings (attach a bank statement of account)	\$ _____	_____	_____
From sponsor's salary (attach annual salary statement)	\$ _____	_____	_____
From sponsor's other income (attach documentation)	\$ _____	_____	_____
Total	\$ _____	_____	_____

I (print name), _____, certify that I am financially able and willing to support the above named applicant while he/she is pursuing a course of study at Graduate Institute of Applied Linguistics (GIAL) in the amounts shown above and have available at this time the amount shown above for the first year of study.

 Sponsor's Signature Date _____
 Month/Day/Year

B. Student's Statement

I (print name), _____, certify that the funds designated are, in fact, available to me, and the information provided is complete and true. I will abide by all visa regulations. I am under a F-1 J-1 visa.

 Student's Signature Date _____
 Month/Day/Year

C. Bank's Statement (Include last 3 months of bank statements)

(Name of Bank) _____ hereby certifies that

(Name of sponsor) _____ has with us account number _____,

that was opened on (date account was opened) ____/____/____, and maintains a minimum balance of \$ _____

U.S. D. (total of first year, shown above).

 Bank Official Name and Title Bank Official Signature Date (month/day/year)

 Street Address

City _____ Province/State _____ Postal Code _____ Country _____

Email: _____ Phone: _____ Fax: _____

Return to: **GIAL International Student Center** Phone: 972-708-7573

Official Bank Stamp:

7500 W. Camp Wisdom Road Fax: 972-708-7396
 Dallas, Texas 75236 Email: isc@gial.edu