

## Affidavit of Support American Language Program | Columbia University

Student's Name:			
<del></del>	Family/Last Name	First/C	Given Names
Date of Birth (MM/D	D/YY):		
Sponsor's Name:			
	to Student:		
This certifies that, I _	Sponsor's Printed Name		, am willing and able to financially
	Sponsor's Printed Name	e in English	
support the above nam	ed student (and his/her family, if	f applicable) for tuition	, academic fees and living expenses
in the amount of (U.S.	\$)	Throughout the duration of his/her studies at the	
American Language Pr	ogram (ALP) at Columbia Unive	ersity in the City of Ne	w York. Attached is the official
documentation of avail	able funds.		
Sponsor's Signature:			
Date Signed:			