

UCLA Extension

American Language Center

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Web Page: international.uclaextension.edu/alc

E-mail: studyabroad@uclaextension.edu

Student Name: _____

Financial Sponsorship

Please have the section below completed by your sponsor.

Duration of Stay	Student's Education & Living Expenses	+ Spouse	+ Each Child	= Total
12-week	\$16,040	\$2,045	\$1,344	\$

I have read the information regarding the cost of the program and living expenses for the period of study at UCLA Extension American Language Center. I certify that these funds are available for the student and accompanying family members. I accept full responsibility for these expenses and have included fund verification from my bank.

Sponsor Name (please print): _____ Relationship: _____
(father, mother, friend, etc.)

Signature: _____ Date: ____/____/____

The above information is required before we can complete your request for an I-20 which is necessary to apply for a student visa. If you have any questions, please contact our office and our friendly staff will be glad to help you.

Mail or email all documents to:
UCLA Extension
10995 Le Conte Avenue
Room 139, Main Cashier's Office
Los Angeles, CA 90024, U.S.A.
studyabroad@uclaextension.edu