

20 -20 Academic Year

SPONSOR'S CERTIFICATION STATEMENT: To be completed by the person who financially support your educational living, health, and personal expenses while at Lamarr University. Please print or type information.

This is to certify that I have read and understood the information given by the student that it is true and accurate. I also certify that I have \$ _____ in funds available to sponsor this student during his/her academic education at Lamarr University.

Sponsor's Name:

[] [] [] []

Level of study: ESL Language Training
Expiration Date on I-20 or DS-2019:

High School

Associate

% D F K H O R Master

' R F W R

Passport Visa Expiration: