A CONTRACT OF	XAVIER UNIVERSITY OF LOUISIANA Office of Admissions * 1 Drexel Drive * New Orleans, Louisiana 70125 * (504) 520-7388 Web Page: www.xula.edu			
CH JOLIISIANT		ional Student f Financial Support		
Name:	et (famile)	First	Middle	
Las	st (family)	FIrst	Midale	
Date of Birth (<i>mm/dd/yyyy</i>): _	City and C	Country of Birth:		
	Immig	ration Status		
Permanent Resident or Natu	ralized Citizen			
Check One:	Permanent Resident	Naturaliz	ed Citizen	

Immigration Status						
Permanent Resident or Naturalized Citizen						
Check One: Permanent Resident	Naturalized C	Citizen				
How long have you lived in the United States?	Months	Years				
Present Mailing Address:	City	State Zip				
Please sign and submit a clear and legible copy of your suppo		1	n)			
Signature of Student:	Date	:				
Signature of Student: <u></u>	Date	:				
	Date	:				
Non-Permanent Resident or Naturalized Citizen Do you currently hold a Visa?		Date Issued:				
Non-Permanent Resident or Naturalized Citizen Do you currently hold a Visa?	No Number:					
Non-Permanent Resident or Naturalized Citizen Do you currently hold a Visa? Current Visa Type Select One Registration	No Number:	Date Issued:				

Certification of Finances for Non-Permanent Resident or Naturalized Citizens

The "Certificate of Financial Support" must be sworn to in person by the sponsor before a notary public, attorney, U.S. Consular officer or other official authorized to administer oaths. <u>Supporting evidence of financial resources must be attached to this</u> <u>Certificate of Financial Support on official stationery from a bank or other financial institution in which the sponsor has savings deposits, certificates of deposit, money market certificates or other types of accounts containing readily available funds. The information should include (1) date accounts opened, and (2) specific amount of funds in the accounts in WLUF quert u This information must be dated within 12 months of the intended date of enrollment and certified by a bank officer. VJ KUHQTO 'CPF 'CNN'' UWRRQT VHP1 'HHP CPE HCN'F QE WO GP VU'O WUV'DG'UWDO KVVGF 'D['O CKN0'G/O CKNGF 'QT'HCZGF 'F QE WO GP VU' CTG'P QV'CEE GRVCDNG0</u>

Personal Savings: Account(s) holder name (s):			
Sponsor(s): Name:			
Address:			
		nigration Status (if in U. S.):	
Signature of Student:	Date:	[]	
Signature of Sponsor:	Date:	SEAL OF	
Signature of Notary:	Date:	NOTARY	
Revised 07/12/2013			