



CALIFORNIA ARTS UNIVERSITY

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Certificate of Financial Support

Name of Student: _____

Date of Birth: _____ (MM/DD/YYYY)

Address: _____

By signing this certificate of the support, I promise to be financially responsible for the above student of tuition, living expenses, and other relevant expenses. I'll support the above student the amount of \$ _____ /month / year. And I attach the 3 months of bank statements. If you have any information or any assistance you may need, please contact me.

Name or Institution: _____

Relationship: _____

Telephone (Home): _____ (Cell): _____

E-mail: _____

Address: _____

Date: _____ (MM/DD/YYYY)

Signature: _____