

The School of Graduate & Professional Studies  
Chicago State University

**CERTIFICATE OF SPONSORSHIP**

Name of Student \_\_\_\_\_  
Family Name Given Name Middle

DO NOT SIGN THIS CERTIFICATE UNTIL YOU HAVE AN AUTHORIZED NOTARY PUBLIC  
READY TO WITNESS YOUR SIGNATURE.

I, \_\_\_\_\_ of

Street Address City/Town Province Country

, hereby declare my intentions to undertake full financial responsibility and all other liabilities for  
\_\_\_\_\_ during his/her education and stay in the United States.

Print Name (Sponsor) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Sponsor) \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY NOTARY PUBLIC

I, \_\_\_\_\_, Notary Public appointed in

\_\_\_\_\_, do hereby certify

that \_\_\_\_\_, is the same person

whose name is subscribed to the foregoing instrument, appeared before me this day in person, and  
acknowledge that he/she signed and delivered the said instrument as his/her free and voluntary  
act for the uses and purposes therein set forth.

Given under my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_  
Month Year

Signature of Notary Public \_\_\_\_\_ SEAL