

UNIVERSITY OF CALIFORNIA, IRVINE DIVISION OF CONTINUING EDUCATION

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Division of Continuing Education

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Statement of Financial Support

The person who is financially responsible for you must read and sign the statement below.

I have read the information regarding the cost of tuition and living expenses for the period of study at UC Irvine. I certify that these funds are available, and I accept the full responsibility for these expenses.

Name of Person Financially Responsible:

Name of Student:

Relationship to Student:

Account Holder Signature:

Date: