

Date: _____

I, [first and last name], assume financial responsibility for our son/daughter, [enter name here, date of birth and passport number] for the duration of his/her studies in South Africa with Arcadia University.

Below to be completed by a Notary Public

[SEAL]

Signature: _____

Print: _____

Date: _____

Date: _____

I, _____, assume financial responsibility for our son/daughter,
_____ for the duration
of his/her studies in South Africa with Arcadia University.

Below to be completed by a Notary Public

[SEAL]

Signature: _____

Print: _____

Date: _____