

# UNIVERSITY OF CALIFORNIA, IRVINE DIVISION OF CONTINUING EDUCATION

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SANTA BARBARA • SANTA CRUZ

## 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:	
Signature:	Date: