



AFFIDAVIT OF FINANCIAL SUPPORT FOR NON-DEGREE INTERNATIONAL STUDENTS

It is the responsibility of IUP to have adequate information regarding an international student's financial resources and ability to pay incurred costs. This information will be kept confidential. Please convert all sums to U.S. dollars.

Name: _____ Date of Birth: ____/____/____
Family Name First Name Month Day Year

- 1. Home University (Partnership Agreement)
- 2. Are you financially independent? YES (continue with question 2a) NO (skip to question 3)
 - a. What is your annual income (after taxes)? **US\$**
 - b. What is the TOTAL amount of your (student's) personal savings? **US\$**

Skip to question 5

- 3. a. Father's name Mother's name
- b. Father's occupation Mother's occupation
- c. Father's annual income (after taxes) **US\$** Mother's annual income (after taxes) **US\$**
- d. If you are a dependent, how many other dependents does your family have who are currently attending a college or university?

- 4. Name of your sponsor (if parent is not sponsor)
 - a. Sponsor's occupation
 - b. Sponsor's annual income (after taxes) **US\$**

5. How much money will you have for each semester of study:

Personal savings **US\$**

Family **US\$**

Other (specify source) **US\$**

Sponsor **US\$**

TOTAL FOR FIRST YEAR **US\$**

Reciprocal exchange students must show financial proof of at least \$9,685 per semester.

Fee-paying students must show financial proof of at least \$16,485 per semester.

CERTIFICATION OF APPLICANT: I hereby certify that the information given on this form is complete and accurate. If not, I recognize the right of Indiana University of Pennsylvania to cancel my admission.

Signature of Applicant: _____ Date: _____

CERTIFICATION OF PARENT (IF STUDENT ANSWERED NO TO #2): I hereby certify that the information on this form is complete and accurate.

Signature of Parent: _____ Date: _____

CERTIFICATION OF SPONSOR (IF DIFFERENT FROM STUDENT AND PARENT): I hereby certify that the information on this form is complete and accurate.

Signature of Sponsor: _____ Date: _____

Address of Sponsor: _____

NOTE: IUP is not responsible in any way for dependents accompanying you to the U.S. and will not provide for dependents.