

AFFIDAVIT OF FINANCIAL SUPPORT FOR NON-DEGREE EXCHANGE 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 o | of Birth: / / | |
|----------|--|--|----------------------------|---|--------------------------------|---------------------------------------|
| | Fami | ly Name | First Name | | Month Day Year | |
| 1. | Hor | ne Institution (Exchange Agreem | ent): | | | |
| 2. | Are you financially independent? YES (continue with qu | | | estion 2a) No | NO (skip to question 3) | |
| | a. | What is your annual income (after taxes)? US\$ | | | | |
| | b. | | | | | |
| | Skip | kip 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. | Nan | Name of your sponsor (if parent is not sponsor) | | | | |
| | a. | Sponsor's occupation | | | | |
| | b. | o. Sponsor's annual income (after taxes) US \$ | | | | |
| 5. | How much money will you have for each semester of study: | | | | | |
| | Personal savings US\$ | | | | | |
| | Fam | Family US\$ | | | | |
| | Oth | Other (specify source) US\$ | | | | |
| | Spo | Sponsor US\$ | | | | |
| | TO | TOTAL FOR FIRST YEAR US \$ | | | | |
| | | ATION OF APPLICANT: Ih | | | rm is complete and ac | curate. If not |
| • | | e right of Indiana University of Pe Applicant: | ennsylvania to cancel my a | | Date: | · · · · · · · · · · · · · · · · · · · |
| | | ATION OF PARENT (IF STU | JDENT ANSWERED | NO TO #2): I hereby o | ertify that the inform | ation on this |
| Signatur | e of | Parent: | | | Date: | |
| | | ATION OF SPONSOR (IF DI on this form is complete and accu | | JDENT AND PAREN | T) : I hereby certify t | hat the |
| Signatur | e of | Sponsor: | | | Date: | · · · · · · · · · · · · · · · · · · · |
| Addross | of c | Donsor: | | | | |
| | | ponsor: | | | | |

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