

INTERNATIONAL UNDERGRADUATE AFFIDAVIT OF SUPPORT

F-1 STUDENT'S INFORMATION

FAMILY/SURNAME/LAST NAME

GIVEN/FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MM/DD/YYYY)

____ / ____ / ____

PASSPORT NUMBER

HOME COUNTRY ADDRESS

U.S. ADDRESS (IF YOU HAVE ONE)

SPONSOR'S INFORMATION

FAMILY/SURNAME/LAST NAME

GIVEN/FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MM/DD/YYYY)

____ / ____ / ____

MOTHER

FATHER

OTHER (PLEASE EXPLAIN):

RELATIONSHIP TO F-1 STUDENT (CHECK ONE)

I/We guarantee without reservation to maintain and support the above-named student's educational costs, health insurance expenses, room, board, and personal costs while attending Southern Illinois University at Carbondale. I/We realize that I/we are responsible and will be held accountable by the university to fulfill this solemn oath to uphold this statement.

I/We promise to provide **\$40,000 U.S. dollars (USD) per each year** of study in the U.S. for this student. I/We also understand that actual costs may vary and that there may be yearly increases in cost which I/WE will be responsible for paying in addition to the **\$40,000 USD**. I/We will ensure that the student named-above will not become a public charge during his/her stay in the United States. In addition, if the student named above is accompanied by any dependents, I/WE understand that I/WE will need to show evidence of possessing these funds on deposit and available for use to cover the expenses of each additional dependent while they are physically present with the above-named student in the U.S. The additional cost for an accompanying dependent spouse is **\$5,000 USD** per each year of study in the U.S., and **\$2,500 USD** per each child/children dependent(s) per each year of study in the U.S.

By signing this Affidavit of Support, I certify that the information provided on this document is accurate, complete, and true. Sponsors who fail to deliver their financial commitment to the above-named student jeopardize the above-named student's education and legal status in the U.S. Any information given falsely or withheld will affect the above named student's application or non-immigrant status in the U.S. In addition to this, the above-named student may become ineligible for program participation if false information is given on this document.

FOR OFFICIAL USE

DO NOT WRITE BELOW THIS LINE

Total USD needed _____
International Undergraduate

Total foreign currency _____
Affidavit of Support

Total USD _____
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ADDITIONAL SPONSOR'S OR SPONSORS' INFORMATION

FAMILY/SURNAME/LAST NAME

GIVEN/FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MM/DD/YYYY)

____ / ____ / ____

MOTHER

FATHER

OTHER (PLEASE EXPLAIN): _____

RELATIONSHIP TO F-1 STUDENT (CHECK ONE)

FAMILY/SURNAME/LAST

GIVEN/FIRST NAME

MIDDLE NAME

NAME DATE OF BIRTH (MM/DD/YYYY)

____ / ____ / ____

MOTHER

FATHER

OTHER (PLEASE EXPLAIN): _____

RELATIONSHIP TO F-1 STUDENT (CHECK ONE) * If you have additional sponsors, please attach an additional signed and notarized page(s) to this form to include the information for your additional sponsors.

NOTARY AND SIGNATURE

F-1 STUDENT'S FULL NAME

F-1 STUDENT'S PASSPORT NUMBER

SPONSOR'S/SPONSORS' NAME(S)

SPONSOR'S/SPONSORS' SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS

____ DAY OF _____ 20____ AT

NOTARY PUBLIC OR OFFICIAL'S SIGNATURE

ADDRESS OF NOTARY OR OFFICIAL

PROVIDE OFFICIAL SEAL BELOW

STREET NAME AND BUILDING NUMBER

CITY, STATE, COUNTRY, POSTAL CODE

OFFICIAL'S TELEPHONE NUMBER

OFFICIAL'S EMAIL

FOR OFFICIAL USE

DO NOT WRITE BELOW THIS LINE

Total USD needed _____
International Undergraduate

Total foreign currency _____
Affidavit of Support

Total USD _____
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