SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

International Student Financial Form

Student Name:	LNU	Azadwinder Sin	gh
As listed on Passport	Last (Family) Name	First (Given) Names	Middle Name (if applicable)
Student ID (800xxx	xxxx): <u>800821061</u>	Date of Birth (Mo	onth/Day/Year): 09/01/2004
Please refer back	to the Financial Disclos	ure Tab on your application	on site for the total funds needed.

By signing this form:

- I guarantee the funds corresponding to my signature will be available to above named student for their first academic year at Southern Illinois University Edwardsville.
- I understand a comparable amount of funding will be available for the duration of the student's educational program.
- I understand this statement is being used for the purpose of issuing a US government immigration document.

Date	Sponsor's Name	Funds from Sponsor	Sponsor's Signature	Relation to Student
	Baljinder Singh	u.s. \$ 51506.40	Baljinder	Father
		U.S. \$		
		U.S. \$		
		U.S. \$		
2		U.S. \$		

Student Certification:

I certify that the information provided on this form is correct and complete. I understand that making
false statements within this certification of financial responsibility may result in disciplinary action and
all financial documentation is current within six months from the date received by SIUE.

Applicant's Signature: _	Azadwinder	Singh	Date:	
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After completing the required fields, print this form and both the student and sponsor should sign it. The form and certified bank statements must be provided to SIUE before an I-20 or DS-2019 can be issued to the student.