Harrisburg University of Science and Technology International Student Affidavit of Support 2015-2016

To be issued a Form I-20 from Harrisburg University, a student living independently must be guaranteed \$36,000 (undergraduate or graduate) U.S. dollars per year in financial support. Students whose room and board is

provided in full by a local sponsor must be guaranteed a minimum of \$26,500 U.S. dollars on an annual basis. This form is an essential part of your application for an I-20 and should be submitted well in advance of the intended start date. Please complete the entire form and attach documentation of pledged support. An incomplete affidavit will not be accepted and will be returned.

Applicant's Name	JURKOVIC		IVA	Date of Birth 07/25/1985		
	Family N	ame	First	Middle		
Mailing Address	20	NEW	PORT PARKWAY	JERSEY CITY	USA	07310
312-929-9137	Number 7		Street	City iva.jurkovic@outl	Country look.com	Zip Code
Telephone				Email Address		
application are true may result if any in Applicant's Signatu Section A: Full Su I, SYED F	and correction are	et to the b is found t Self, Fam	s and all documents subnest of my knowledge. It is to be incomplete, inaccuration in the complete, inaccuration in the complete of the complet	nderstand that cancellate, or late. Date	ation of my admission of my ad	15
		2	IVA JURKOVIC	2"		
educational and livi	ng expens	es for	Applicant		while atte	nding
dollars per year. [Pl stated.] The applicant is my		FRIEN	hip to Student / Sponsoria	ng Organization or Go	overnment Agency	ess of the amount
Sponsor's Signature			06/04/201		3-243-7704	
			Date		ione Number	
	300		N.ROCKWELL ST	CHICAGO	USA	60659
773-243-7704	Number		Street syed.iqbal86@gma	City ail.com	Country	Zip Code
Telephone			Email Address			
Section B: Partial I, N/A	Funding f	rom Ano	will provi	**		
BOARD of \$ documents that refle	ect an avai	lable bala	U.S. dollars per ; nce in excess of the amou	year. [Please attach ba	ank statements or oth	er
occurrence man rem	oc an avai	idole bala	nee in excess of the amor	int stated.]		
Sponsor's Signature			Date	Teleph	Telephone Number	
Mailing Address						
	Number		Street	City	Country	Zip Code
Telephone		Email Address				

Email all materials to: CPT@HarrisburgU.edu