

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

International Student Financial Form

Student Name: _____
As listed on Passport Last (Family) Name First (Given) Names Middle Name (if applicable)

Student ID (800xxxxxx): _____ **Date of Birth (Month/Day/Year):** _____

Please refer back to the Financial Disclosure Tab on your application 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
		U.S. \$		
		U.S. \$		
		U.S. \$		
		U.S. \$		
		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: _____ Date: _____

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.