



DECLARATION OF FINANCIAL SUPPORT

Student Information

First/Given Name _____ Family Name _____

IUSB ID Number (if known) _____ Date of Birth (mm/dd/yyyy) _____

Declaration of Financial Support

By signing this form:

- I ensure that funds corresponding to my signature will be available to the above named student for the first academic year at Indiana University South Bend.
- I understand that the support is for one year of expenses, and a comparable amount will be needed for the duration of the student's program.
- I understand this statement is being used for the purpose of issuing an immigration document.

	Name of Supporter	Amount to be Provided by Supporter	Supporter's Signature	Date
Family Member		US \$		
Family Member		US \$		
Friend		US \$		
Friend		US \$		
Friend		US \$		

Please return this Declaration to the Office of International Student Services

- You may submit the form as a scanned e-mail attachment (oiss@iusb.edu), in person or by mail: Office of International Student Services, Indiana University South Bend, 1700 Mishawaka Ave, South Bend IN, 46634.