



Undergraduate Students **SUBMIT TO** Admissions Office ATTN: Processing Dept.  
Sutton Hall, Suite 117 1011 South Drive Indiana, PA 15705  
Graduate Students **SUBMIT TO** Graduate Admissions Office:  
Stright Hall, Room 101, 210 South Tenth Street, Indiana, PA 15705

## International Student Affidavit of Financial Support

Students must show funding for their first year of study at minimum prior to immigration documents being issued by a school. IUP also needs to have adequate information regarding an international student's financial resources. The purpose of this Affidavit of Financial Support is to demonstrate that you or your sponsor are capable of full financial responsibility for your tuition, fees, books, housing, etc., occurring during your undergraduate studies at IUP. IUP will not contact sponsors to pay for student bills. Students are ultimately responsible for all bills they incur while at IUP. This information will be kept confidential. Please convert all sums to U.S. dollars and provide exchange rates for any additional documents provided.

1. Your name: Mr./Mrs./Miss \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_ (month/day/year)  
Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_
2. Are you presently in the U.S.? Yes No      If yes, what visa type do you currently have? \_\_\_\_\_
3. Are you financially independent? \_\_\_\_\_ YES (continue with question 3a) \_\_\_\_\_ NO (skip to question 4a)
  - a. What is your annual income (after taxes)? **US\$** \_\_\_\_\_
  - b. What is the TOTAL amount of your (student's) personal savings? **US\$** \_\_\_\_\_

**Skip to question 5**
4.
  - a. Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_
  - b. Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_
  - c. Father's annual income (after taxes) **US\$** \_\_\_\_\_ Mother's annual income (after taxes) **US\$** \_\_\_\_\_
  - d. If you are a dependent, how many other dependents does your family have who are currently attending a college or university? \_\_\_\_\_
5. Name of your sponsor (if parent is not sponsor) \_\_\_\_\_  
**In addition to signing this form, please ask your sponsor to provide a letter and bank statement showing support.**
  - a. Sponsor's occupation \_\_\_\_\_
  - b. Sponsor's annual income (after taxes) **US\$** \_\_\_\_\_
6. How much money will you have for your FIRST YEAR of study from all sources:
 

Personal savings <b>US\$</b>	
Family <b>US\$</b>	
Other (specify source) <b>US\$</b>	
Sponsor <b>US\$</b>	
<b>TOTAL FOR FIRST YEAR US\$</b>	

**Note: Undergraduates must show a total of \$28,500.00 for Fall and Spring semesters. Graduates must show a total of \$25,400.00. Summer is optional – additional tuition is required.**

**CERTIFICATION OF APPLICANT:** I hereby certify that the information given on this form is complete and accurate. If not, I recognize the right of Indiana University of Pennsylvania to cancel my admission.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF PARENT (IF STUDENT ANSWERED NO TO #3):** I hereby certify that the information on this form is complete and accurate.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF SPONSOR (IF DIFFERENT FROM STUDENT AND PARENT):** I hereby certify that the information on this form is complete and accurate.

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

**NOTE: IUP is not responsible for dependents accompanying students to the U.S. and will not provide funding for dependents.**