

## INTERNATIONAL GRADUATE STUDENT AFFIDAVIT OF SUPPORT

In order to be issued a form I-20, you must show sufficient funding to cover the financial requirements of your program. Graduate students must show a total of \$27,190 in U.S. dollars per year in financial support. Applicants with dependents (spouse and/or children) must show additional financial support of \$5,000 for the first dependent, and \$2,500 for each additional dependent.

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.

All fields are required. An incomplete affidavit will not be accepted and will be returned.

Given Name (First Name)	Middle Name	Family Name (Last Name)	Date of Birth (month/date/year)
Mailing Address			
City	State/Province	Postal Code	Country
Home Phone Number	Cell Phone Number	E-Mail Address	
	knowledge. I understand th	s submitted to Harrisburg University in at cancellation of my admission may re	
Applicant's Signature		Date	
Sponsor Declaration   Full	Support by Family, Relative	e, Private Organization or Governmer	nt Agency
l,		certify that I will assume full respons	sibility for all educational and living
(Spon	sor Name)		
expenses for	(Applicant)	while attending Harrisburg l	University of Science and Technology.
I will provide the applicant other documents that refle		U.S. dollars per year. (Plexcess of the amount stated).	ease attach bank statements or
Relationship to Student Applic	eant:		
Sponsor's Signature		Date	
Mailing Address			
City	State/Province	Postal Code	Country
Telephone Number	<del>-</del>	E-Mail Address	