



Office of International Programs and Services

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Financial Guarantee

All international applicants to Indiana State University must complete this form

Name in Full as Appears in Your Passport

(Last Name)

(First Name)

(Middle Name)

Country of Birth

Date of Birth

Country of Citizenship

Month/day/year

Are you currently in the United States? — YES — NO

If yes, list immigration status: _____

If Yes, and the immigration status is not F-1 or J-1, the Form 1-20 or DS2019 will not be issued until you contact IPS for assistance with a change of status application. If you are not eligible for a change of status, the form will only be issued for travel to your home country.

Phone number: _____

E-mail: _____

Address you want 1-20 or DS2019 mailed to: _____

Funding: Total amount necessary for first year of study must be documented and available. Support for subsequent years of study must be reasonably attainable and documented through bank statements, employment letters, tax returns, investments, etc.

The total amount of money that I have available for each academic year of study is \$ _____

This amount includes the following:

\$ _____ personal funds

\$ _____ sponsor(s) \$ _____ funds from Indiana State University

Other, please specify _____

If any funds are being provided by a sponsor, the sponsor must complete the Affidavit of Sponsorship on this form. Funds coming from a sponsor must be documented with bank statements, employment/salary letters, investments, tax returns, investments, etc. At the very minimum, funds for the first year of study from a sponsor must be available and a clear indication that funds for subsequent years of study are reasonably attainable. If personal funds are being used, bank statements must be attached in the student's name and be sufficient for all years of study.

I certify that the above information provided is correct and complete and that I shall notify the Indiana State University of any change in my financial circumstances.

Student's Signature _____

Date _____

AFFIDAVIT OF SPONSORSHIP

NOTE: Any form not completed by the appropriate person and not accompanied by official documents will be considered incomplete and an 1-20 or DS2019 will not be issued. This form is valid for 6 months only for the purpose of issuing an 1-20 or DS2019.

I hereby attest that I am willing and able and will provide no less than US \$ _____ in cash to the student named below for each year of study at the Indiana State University. I am attaching documents that prove the support is available including bank statements. Employment/salary letters, investments, tax returns and other assets (The amount indicated should agree with the amount on front of this form from the sponsor(s) line).

Name of student _____

Name of sponsor _____

My relationship to the student is _____

My address is _____

AFFIRMATION OR OATH OF SPONSOR

I hereby affirm or swear that the contents of the above statement are true and correct.

Signature of sponsor _____

Name of sponsor, printed _____