

---

Student Information:

---

Student's Full Name (as it appears on passport)

---

Student Number

---

Date of Birth (mm/dd/yyyy)

---

Sponsor's Declaration:

By signing this form:

- I ensure the funds corresponding to my signature will be available to the above named student for the first academic year at the University of South Florida.
- I understand the support amount 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	Relationship to Student	Amount Provided By Supporter	Supporter's Signature	Date (mm/dd/yyyy)
-------------------	-------------------------	------------------------------	-----------------------	-------------------