

**INTERNATIONAL UNDERGRADUATE AFFIDAVIT OF SUPPORT**

**F-1 STUDENT'S INFORMATION**

\_\_\_\_\_  
FAMILY/SURNAME/LAST NAME                      GIVEN/FIRST NAME                      MIDDLE NAME

DATE OF BIRTH (MM/DD/YYYY)                      \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

PASSPORT NUMBER                      \_\_\_\_\_

HOME COUNTRY ADDRESS                      U.S. ADDRESS (IF YOU HAVE ONE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPONSOR'S INFORMATION**

\_\_\_\_\_  
FAMILY/SURNAME/LAST NAME                      GIVEN/FIRST NAME                      MIDDLE NAME

DATE OF BIRTH (MM/DD/YYYY)                      \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

MOTHER      FATHER      OTHER (PLEASE EXPLAIN): \_\_\_\_\_

RELATIONSHIP TO F-1 STUDENT (CHECK ONE)

I/We guarantee without reservation to maintain and support the above-named student's educational costs, health insurance expenses, room, board, and personal costs while attending Southern Illinois University at Carbondale. I/We realize that I/we are responsible and will be held accountable by the university to fulfill this solemn oath to uphold this statement.

I/We promise to provide **\$40,000 U.S. dollars (USD) per each year** of study in the U.S. for this student. I/We also understand that actual costs may vary and that there may be yearly increases in cost which I/WE will be responsible for paying in addition to the **\$40,000 USD**. I/We will ensure that the student named-above will not become a public charge during his/her stay in the United States. In addition, if the student named above is accompanied by any dependents, I/WE understand that I/WE will need to show evidence of possessing these funds on deposit and available for use to cover the expenses of each additional dependent while they are physically present with the above-named student in the U.S. The additional cost for an accompanying dependent spouse is **\$5,000 USD** per each year of study in the U.S., and **\$2,500 USD** per each child/children dependent(s) per each year of study in the U.S.

By signing this Affidavit of Support, I certify that the information provided on this document is accurate, complete, and true. Sponsors who fail to deliver their financial commitment to the above-named student jeopardize the above-named student's education and legal status in the U.S. Any information given falsely or withheld will affect the above named student's application or non-immigrant status in the U.S. In addition to this, the above-named student may become ineligible for program participation if false information is given on this document.

FOR OFFICIAL USE                      DO NOT WRITE BELOW THIS LINE

Total USD needed \_\_\_\_\_ Total foreign currency \_\_\_\_\_ Total USD \_\_\_\_\_  
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**ADDITIONAL SPONSOR'S OR SPONSORS' INFORMATION**

\_\_\_\_\_  
FAMILY/SURNAME/LAST NAME                      GIVEN/FIRST NAME                      MIDDLE NAME  
DATE OF BIRTH (MM/DD/YYYY)                      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MOTHER      FATHER      OTHER (PLEASE EXPLAIN): \_\_\_\_\_

RELATIONSHIP TO F-1 STUDENT (CHECK ONE)

\_\_\_\_\_  
FAMILY/SURNAME/LAST                      GIVEN/FIRST NAME                      MIDDLE NAME  
NAME DATE OF BIRTH (MM/DD/YYYY)                      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MOTHER      FATHER      OTHER (PLEASE EXPLAIN): \_\_\_\_\_

RELATIONSHIP TO F-1 STUDENT (CHECK ONE) \* If you have additional sponsors, please attach an additional signed and notarized page(s) to this form to include the information for your additional sponsors.

**NOTARY AND SIGNATURE**

\_\_\_\_\_  
F-1 STUDENT'S FULL NAME                      F-1 STUDENT'S PASSPORT NUMBER

\_\_\_\_\_  
SPONSOR'S/SPONSORS' NAME(S)                      SPONSOR'S/SPONSORS' SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS  
\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ AT  
\_\_\_\_\_  
NOTARY PUBLIC OR OFFICIAL'S SIGNATURE

\_\_\_\_\_  
ADDRESS OF NOTARY OR OFFICIAL                      PROVIDE OFFICIAL SEAL BELOW

\_\_\_\_\_  
STREET NAME AND BUILDING NUMBER

\_\_\_\_\_  
CITY, STATE, COUNTRY, POSTAL CODE

\_\_\_\_\_  
OFFICIAL'S TELEPHONE NUMBER

\_\_\_\_\_  
OFFICIAL'S EMAIL

FOR OFFICIAL USE                      DO NOT WRITE BELOW THIS LINE

Total USD needed \_\_\_\_\_ Total foreign currency \_\_\_\_\_ Total USD \_\_\_\_\_  
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