

Statement of Financial Support (Out-going)

Date _____ Y _____ M _____ D _____

Student ID No.		Name	
Institution	St. Edward's University	Exchange Period	Two years

(International Student) APU Tuition Reduction you are currently receiving	%
(Domestic/International Student) Type of other scholarships you are currently receiving	

I, _____, understand that by submitting my application forms and Statement of Financial Support that I am under contract with APU to join the Undergraduate Dual Degree Program and that I cannot cancel my application for foreseeable reasons. Should I cancel my application for foreseeable reasons, I understand that I will be unable to re-apply for future APU Student Exchange Programs.

Signature (Applicant) _____ Date _____

FINANCIAL SPONSOR: (To be filled in and signed by the financial sponsor)

Name	
Relationship to the applicant	
Address	
Telephone Number	

I, _____, hereby agree to become the financial sponsor of the above-mentioned applicant during his/her term as a dual degree program participant as regards the items listed below. I also understand that I may be required to submit proof of my financial status for visa application purposes.

1. APU Tuition A and Tuition B (2 Years study abroad)
2. Insurance Fees: APU Overseas Travel Accident Insurance and J-TAS (Risk Management Support System) coverage (Fee will vary with the duration of the trip.)
3. Student visa fees, travel expenses, local living costs, other expenses.

Signature (Financial Sponsor) _____ Date _____