Statement of Financial Support (Out-going)

					Date	Y M	D
Student ID No.			Name				
Institution	St. Edward's University		versity	E	Exchange Period	Two years	
(International Stud	dent) APU Tuitio	n Reduction you a	re currently receivir	ng			%
(Domestic/Interna currently receiving	Type of other	scholarships you	are				
Support that I am	under contract veseeable reason	with APU to join the s. Should I cand	ne Undergraduate cel my application	Dual	Degree Program ar	and Statement of Finand that I cannot cance I understand that I w	el my
Signature (Applicant)				Date			
FINANCIAL S	PONSOR: (To be filled in and	I signed by the fin	ancia	al sponsor)		
Name							
Relationship to the applicant							
Address							
Telephone Num	ber						
	s/her term as a o	dual degree progra	am participant as re	egard	s the items listed bel	r of the above-mentions. I also understand	
Insurance coverage	ce Fees: APU Ov e (Fee will vary w	ith the duration of	ident Insurance and		AS (Risk Managemer	nt Support System)	
Signature (Financi			1.9 000to, 011101 CAP		Date		