Statement of Financial Support (Out-going)

						Date	<u>Y</u> I	<u>M D</u>
Student ID N	lo.			Name				
Institutio	n	Salzburg Univ	ersity of App	olied Sciences	E	Exchange Period	Two years	
(International	Studen	t) APU Tuition Redu	uction you a	re currently receiving	ng			%
(Domestic/Into		nal Student) Type	of other	scholarships you	are			
Support that I application for	am und	der contract with AF	PU to join to ould I cand	he Undergraduate cel my application	Dual	application forms a Degree Program ar preseeable reasons,	nd that I canno	t cancel my
Signature (Applicant)						Date		
FINANCIAI	_SPO	NSOR: (To be f	filled in and	I signed by the fin	ancia	al sponsor)		
Name								
Relationship to the applicant								
Address								
Telephone Number								
applicant durin	g his/he		egree progra	am participant as re	egard	the financial sponso s the items listed bel oses.		
2. Insur	APU Tuition A and Tuition B (2 Years study abroad) Insurance Fees: APU Overseas Travel Accident Insurance and J-TAS (Risk Management Support System) coverage (Fee will vary with the duration of the trip.) Student visa fees, travel expenses, local living costs, other expenses.							
Signature (Fina		·	•	- '		Date		