

INTERNATIONAL GRADUATE STUDENT AFFIDAVIT OF SUPPORT

To be issued a Form I-20 from Harrisburg University, a student living independently must be guaranteed \$27,040 as a graduate student in U.S. dollars per year in financial support. Applicants with dependents and children must show additional financial support of \$5,000 for a spouse, and \$2,500 per child. This form is an essential part of your application for an I-20 and should be submitted well in advance of the intended start date. Please complete the entire form, save and include attached documentation of pledged support. An incomplete affidavit will not be accepted and will be returned.

Please email all materials to: HMS@HarrisburgU.edu

Given Name (First Name)	Middle Name	Family Name (Last Name)	Date of Birth (month/date/year)
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Mailing Address	Number/Street
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City	State/Province	Pin Code	Country
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Home Phone Number	Cell Phone Number	E-Mail Address
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Student Certification: I certify that this and all documents submitted to Harrisburg University in support of my application are true and correct to the best of my knowledge. I understand that cancellation of my admission may result if any information is found to be incomplete, inaccurate, or late.

Applicant's Signature	Date
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Section A | Full Support by Self, Family, Relative, Private Organization or Government Agency

I, _____ (Sponsor Name) certify that I will assume full responsibility for all educational and living expenses for _____ (Applicant) while attending Harrisburg University of Science and Technology. I will provide the applicant support of \$ _____ U.S. dollars per year. (Please attach bank statements or other documents that reflect an available balance in excess of the amount stated.)

The applicant is my (Relationship to Student / Sponsoring Organization or Government Agency)

Sponsor's Signature	Date	Telephone Number
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Mailing Address	Number/Street
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City	State/Province	Pin Code	Country
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Telephone Number	E-Mail Address
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Section B | Partial Funding from Another Source

I, _____ will provide the applicant partial support for ROOM & BOARD of \$ _____ U.S. dollars per year. (Please attach bank statements or other documents that reflect an available balance in excess of the amount stated.)

Sponsor's Signature	Date	Telephone Number
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Mailing Address	Number/Street
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City	State/Province	Pin Code	Country
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Telephone Number	E-Mail Address
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