

Sponsor Financial Support Agreement  
For Educational Expenses IUPUI/ (IU Indianapolis)

To be Completed by Student:

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Last Name (surname)	First Name	Middle Name
Date of Birth (month/day/year)		University ID Number

Declaration of Financial Support

By signing this form:

- I ensure the funds corresponding to my signature will be available to the above-named Student for first academic year at IUPUI.
- I understand the support amount is for **one year of expenses**, and a comparable amount will be needed for *each year* of the student's program.
- I understand this statement is being used for the purpose of issuing an immigration document.

	Name of the Supporter	Amount to be Provided by Supporter	Supporter's Signature	Date (MM/DD/YR)
Family Member		USD		
Family Member		USD		
Family Member		USD		
Other (specify relationship)		USD		
Friend		USD		
Loan		USD		
Self		USD		

\* Please wait to receive specific financial information through your Atlas account before completing this form.