



International Students and Scholars Center
1151 S. Forest Ave, Room 170
Tempe, AZ 85281

STATEMENT OF FINANCIAL SUPPORT

Student Name: _____

Student ASU ID: _____

ACCOUNT HOLDER'S STATEMENT

I, _____ (account holder's name), the account holder, certify that I will provide full financial support to the extent necessary to enable, _____ (students name), to complete their studies at Arizona State University.

I understand they are seeking a degree and that years of study are required for completion of the program.

Signature of Account Holder: _____

Date: _____