CERTIFICATION OF FINANCIAL SUPPORT

This is to certify that I (name of guarantor), ,

will financially support (name of student) in the relationship of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (identify: mother, father, sister, brother, other relative, friend, etc.), while the student is enrolled at The Pennsylvania State University (Penn State).

*Mark the following to acknowledge your verification:*

❑ I verify the amount of $ (U.S. Dollars) will be available for **each year** to the student listed above during studies at Penn State until the date selected below.

Choose one:

❑ Until the end of the student’s program of study ***or***

❑ Until (month/year)

 ❑ I understand these expenses may include the following as posted on the website:

<https://global.psu.edu/article/financial-guarantee-requirements>

* Tuition & fees: Paid to the Bursar each semester [www.bursar.psu.edu](http://www.bursar.psu.edu)
* Living expenses: Can include any of the following: housing, food, utilities, personal care items, mobile telephone, transportation, etc. for 12 months each year
* Mandatory health insurance premiums: Due each semester or annually

<https://studentaffairs.psu.edu/health-wellness/health-insurance>

* Dependent (F-2 or J-2) costs if applicable
* Books/supplies

❑ I understand these expenses may increase each year of the student’s program of study.

Signature:

 *(Signature of guarantor, not student. Typed or digital signatures not accepted.)*

Printed Name:

Date:

\*NOTE: This form should be submitted in addition to proof of funds for the purpose of financial guarantee documentation for issuance of form I-20 or DS-2019. Please include given names and surnames on the document.