

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
- 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.