

# The University of Louisiana at Monroe

## STATEMENT OF FINANCIAL BACKING

(A FORM I-20 OR IAP-66 WILL NOT BE ISSUED IF THIS FORM IS NOT SIGNED BY SPONSOR)

This is to certify that I will assume full financial responsibility (a minimum of \*\$14,600 [U.S.] per year) for the support of \_\_\_\_\_ during the course of his/her enrollment at The University of Louisiana at Monroe.

Student's Name

Source of Funds: \_\_\_\_\_ Family \_\_\_\_\_ Friends or Relatives  
\_\_\_\_\_ Personal Savings \_\_\_\_\_ Your Government  
\_\_\_\_\_ Other (please specify)

\_\_\_\_\_  
Print or type full name of sponsor

\_\_\_\_\_  
Sponsor's relationship to applicant

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor's street address

**[Not to be signed by the applicant. This information is mandatory for the Visa form I-20 or IAP-66]**

\_\_\_\_\_  
Sponsor's town/country

**NOTE:** All applicants from countries of West Africa must show proof that \*\$14,600 (U.S.) will be on deposit at a **U.S. bank** in the student's name before enrolling at ULM. This requirement also applies to applicants from West Africa wishing to transfer to ULM from another U.S. college or university.

## STATEMENT OF UNDERSTANDING

INSTRUCTIONS: After reading the brochure, please read the statements below carefully. You must agree to each of the following statements before you will be considered for admission.

1. I understand that I must have \*\$14,600 (U.S.) available for each nine (9) month period of enrollment.
  2. I understand that I must be in Monroe, Louisiana on or before the date specified on the Form I-20 or IAP-66. If I cannot arrive by the date indicated on the I-20, subsequent enrollment must be approved by the Admissions Office and the Academic Department/Dean.
  3. I understand that medical and hospitalization insurance will automatically be added to my fees and expenses upon enrollment at ULM. If I have proof of a personal medical and hospitalization policy and it will be effective during my enrollment, I must submit the appropriate documentation of coverage for approval to avoid this additional charge.
  4. I understand that I must make my own arrangements for housing. (University housing information will be sent to you if you are accepted.)
- If you agree to fulfill all of the requirements as stated above, please sign below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\* Amount is subject to change without notice.

**Falsification of any part of this document may subject the student to later disciplinary action.**