

To be issued a Form I-20 from Harrisburg University, a student living independently must be guaranteed \$26,500 as a graduate student or \$36,450 as an undergraduate student in U.S. dollars per year in financial support. This form is an essential part of your application for an I-20 and should be submitted well in advance of the intended start date. Please complete the entire form, save and include attached documentation of pledged support. An incomplete affidavit will not be accepted and will be returned.

Please email all materials to: CPT@HarrisburgU.edu

Given Name (First Name)	Middle Name	Family Name (Last Name)	Date of Birth (month/date/year)
Mailing Address		Number/Street	
City	State/Province	Pin Code	Country
Home Phone Number	Cell Phone Number	E-Mail Address	

Student Certification: I certify that this and all documents submitted to Harrisburg University in support of my application are true and correct to the best of my knowledge. I understand that cancellation of my admission may result if any information is found to be incomplete, inaccurate, or late.

Applicant's Signature	Date
------------------------------	------

Section A | Full Support by Self, Family, Relative, Private Organization or Government Agency

I, _____ (Sponsor Name) certify that I will assume full responsibility for all educational and living expenses for _____ (Applicant) while attending Harrisburg University of Science and Technology. I will provide the applicant support of \$ _____ U.S. dollars per year. (Please attach bank statements or other documents that reflect an available balance in excess of the amount stated.)

The applicant is my (Relationship to Student / Sponsoring Organization or Government Agency)

Sponsor's Signature	Date	Telephone Number	
Mailing Address		Number/Street	
City	State/Province	Pin Code	Country
Telephone Number	E-Mail Address		

Section B | Partial Funding from Another Source

I, _____ will provide the applicant partial support for ROOM & BOARD of \$ _____ U.S. dollars per year. (Please attach bank statements or other documents that reflect an available balance in excess of the amount stated.)

Sponsor's Signature	Date	Telephone Number	
Mailing Address		Number/Street	
City	State/Province	Pin Code	Country
Telephone Number	E-Mail Address		