

Office of International Education and Services Lamar University

PO Box 10263, Beaumont, TX 77710

Telephone: (409) 880 - 7635 Fax: (409) 880 - 8414

Email: international@lamar.edu and international.recruitment@lamar.edu

Both pages of this form are required for completion!

You may complete electronically, or print this form, fill it by hand and re-scan it for submission by e-mail.

GRADUATE & UNDERGRADUATE INTERNATIONAL STUDENTS - 2020-2021 ACADEMIC YEAR Financial Statement/Guarantee form - For use as an Affidavit of Support with matching bank statement (Please print or type information, except for signatures)

This page should	be completed by	the Student :						
Student's Name				LU ID #				
			MI					
Physical Address:	Street Address (House	Number Colony et	c)					
'	Street Address (House	, rumber, colony, co	c.)					
City	Provin	ice	Postal Code	Country				
Country of Birth:_		Co	Country of Citizenship:					
Date of Birth:	MMDD	YYYY	Gender: Male	Female				
Graduate (Ma	ster or Doctor Degr	ees) \$27,952.00	Undergraduate	(Associate or Bachelor degrees) \$30,	,661.00			
E-mail address:								
International students University (LU). Your or you can provide a syour sponsor(s) sign of submitted documents. funding amount from acknowledge the following acknowledge the	require at least \$27,952.6 bank, or your sponsor's eparate bank statement on page 2 of this form as If you have been awarded he expense estimate that wing: al funding is required credit hours required use and/or children a upon arrival and for a cour educational, living and issue a SEVIS For original/scanned, curform in order for the	both for a graduate student bank, can stamp and single bank. It is a scholarship or othe to you are required to show the student state of the student state of the state of	nt or \$30,661.00 for an und gn directly on this form as a f you provide a bank statem ment to sponsor you. The cu r funding from the school a ow on this financial guarant mer school, enrolling in n status, and/or supporting ted States, each must be Any letter of support fro all expenses until the con 2019 (J-1), per United States all document from my or a	a spouse and/or children while at LU. I covered by the University Student Health m a sponsor should certify the sponsor's apletion of the program. These document ates Federal regulations. ny sponsor's banking institution must be issued. Else, the bank's representativ	t Lamar licated, ase have ract that you am h			
Complete this	section below if y	ou, the student,	expect to be self-spo	onsored during your period of st	tudy.			
I,	certify that my financial support will be provided from my personal							
Savings / funds i	n the amount of \$		while I am a student	at Lamar University.				
Student's sign	ature	Date	-					
Signature of B	ank Representative	Date	-	Seal or Stamp of Endorsing Bank				

2020-2021 Academic Year

SPONSOR'S CERTIFICATION STATEMENT: To be completed by the person(s) who will financially support your educational, living, health, and personal expenses while at Lamar University. **Please print or type information.**

Sponsor's Name:								
Relationship to Student:	Family	Friend	Employer	Other				
Seal or Stamp of	of Endorsing B	ank						
				Sponsor's S	Signature	Date		
				Signature of	Bank Representative	Date		
BE COMPLETED BY			. 1	110 : .:.	· a Ama	\		
you currently have an I f yes , please answer the f						NO		
lame of institution which	0 1			nents required	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AL		
evel of study: ESL Lar				Associate	Bachelor Master	Docto		
xpiration Date on I-20 or					ration:			
-94 Admission Number:			Da	te of entry into	U.S.:			
nternational Student Advalso required. All documes you plan to include any of yes, add an additional statement and proviour name, birth date, and att	ents must be y dependent \$6,526.00 fo ide the follo	scanned at	nd submitted t SEVIS I-20 or ouse and \$5,13	o our offices at r DS-2019 issu 86.00 for each	ed from LU? YES child to the amount requ	NO		
Family Name	Given Name	:	Birth Date	Birth Country	Country of Citizenship S	Spouse or Child		
Upon arrival, all interna	ational stud	ents and th	neir depender	nts are require	d to be covered by the	University		
Student Health Insurance	ce Program	for the du	ration of thei	r stay.				
Retain copies of all financial do Embassy or Consulate when apavailable when needed and that notify the proper LU officials of correct, and I understand that the acceptance, cancellation of enro	oplying for a vist t all advanced a of any changes in the submission of	sa. Please be in rrangements in the information of false information.	informed that it is are made. I authoration provided. I contion is grounds	the student's resprize LU to verify the title that the info	onsibility to make sure that the information I have provide rmation on this form is complete.	e money is d. I agree to lete and		
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