

List the persons financially dependent upon you, who will be coming to the US with you. You must also provide a copy of their passport.

| Name (Family name in capital letters) | Country of Birth | Date of Birth | Relationship | Country of citizenship |
|---------------------------------------|------------------|---------------|--------------|------------------------|
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Indicate sources and amounts in United States dollars of additional funds available to you in case of you have an emergency after your arrival in the United States. (This must be filled out.)

Describe your arrangements to assure funds for your return transportation to your home country after your period of study in the United States. (This must be filled out.)

CERTIFICATION BY STUDENT (An I-20/IAP-66 form cannot be issued on the basis of this information unless you sign and date the statement.)

I hereby certify that the information given in this form is complete and accurate to the best of my knowledge. I understand that future financial assistance by the Graduate School may be contingent on the accuracy of the information provided.

Signature _____

Date _____

CERTIFICATION BY SPONSOR (The following certification must be signed by the person providing any part of your funds or by an official of the agency, organization, or firm sponsoring your study in the United States. If the sponsor wishes to supplement the statement or indicate any special conditions or limitations of the sponsorship, a letter of explanation may be attached. If more than one sponsor is aiding the applicant, the following certification must be copied and signed by each sponsor.)

This is to certify that I have read the information on this form and the statements made by the applicant. I am (or my agency, organization, or firm is) prepared to provide funds to support the applicant while studying at Northern Illinois University for the period of time and to the extent indicated.

Sponsor 1

Signature _____

Date _____

Name (print or type) _____

Relationship to Applicant _____

Address _____

Sponsor 2

Signature _____

Date _____

Name (print or type) _____

Relationship to Applicant _____

Address _____

Complete statement, with sponsor certification if needed should be sent to:

The Graduate School
 Northern Illinois University
 DeKalb, Illinois 60115-2864, U.S.A.
 Fax: 815-753-6366