STATEMENT OF FINANCIAL SUPPORT
For studies at the University of California, Riverside Extension, International Education Programs

Date: ____________________________

Student Name: ________________________________________________________________

Student’s Date of Birth: ____________________________    Student ID# _____________________

Program Name: ____________________________    Program Dates: ____________________________

To whom it may concern:

I have read the information regarding the cost of tuition, student services fees, health insurance fees, and living expenses at the University of California, Riverside Extension. I certify that these funds will be made available to the above named student while they are studying at the University of California, Riverside Extension. I accept full responsibility for these expenses.

Attached is my bank statement or letter from bank as evidence of funding available to the above named student.

Print the name of the person(s) responsible ____________________________    Relationship to Student ____________________________

Print the name of the person(s) responsible ____________________________    Relationship to Student ____________________________

Signature of the person(s) responsible ____________________________    Date ____________________________

Signature of the person(s) responsible ____________________________    Date ____________________________

Please note: There can be more than one person providing financial support for the student. If there is more than one name on the bank account, both people named on the account need to sign this form.

Completed form can be faxed or emailed to the University of California, Riverside Extension, IEP Enrollment Services office at fax number (951) 827-1074 or email address iep_application@ucx.ucr.edu.