



UNIVERSITAS INDONESIA

**Non-Graduating Student
Statement of Financial Guarantee**

Name of Student

Last

First

Sponsor (Student's Parents/Guardian)

Name : _____

Relationship with Student : _____

Permanent Residence : _____

Student's Statement :

"I am aware that Universitas Indonesia will not cover medical insurance during my exchange at Universitas Indonesia. I acknowledge that my educational expenses (books, academic excursions, etc) as well as living expenses shall be solely at my responsibility. Furthermore, I understand that I am fully responsible for my actions, health, and safety while completing this exchange program".

Applicant's Signature	Date
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Sponsor's Statement :

"This is to certify that I will support the above mentioned student during his/her entire exchange period at Universitas Indonesia."

Sponsor's Signature	Date
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