

## INTERNATIONAL STUDENT FINANCIAL COMMITMENT

**SECTION 1: APPLICANT INFORMATION** 

Hand-Written Signature (Sponsor or Student)

Legal Name:		Given Name (s)	Given Name (s)	
Date of birth	//	Day	/ Year	
I do hereby c	ertify that:			
expen These I can h I unde	ises, plus adequate funds will be provinave the necessary erstand that I will b	te funds for my vided during my y funds transferre pe required to pu educational and	travel to and from the U.S. a entire period of studies by the ed to the U.S. and available to urchase SMU health insurance	nic year to cover the cost of tuition, fees, and living and for personal expenses.  e individual or agency noted in Section 2.  me before registration each semester.  unless waived by the SMU Health Center.  each year at SMU, and I will be prepared to increase
	Signature of Stude	ent	Date (Month/Day/Year)	E-Mail Address
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Date (Month/Day/Year)

E-Mail Address