



## Non-Graduating Student Certification of Financial Guarantee

**Name of Student** : .....

**Student's statement:**

*"I have been made aware that I cannot be covered by the University's medical insurance during my exchange at Universitas Indonesia. I acknowledge that my educational expenses (books, academic excursions, etc.) as well as living costs shall be solely at my expenses and emergency funds will be provided by my sponsor. Furthermore, I understand that I am fully responsible for my actions, health, and safety while completing this experience".*

Applicant's Signature	Date

**Sponsor (student's parents/guardian)**

Name : .....

Relationship to student : .....

Permanent residency : .....

**Sponsor's Statement:**

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

Sponsor's Signature	Date