

## Statement of Financial Support (Outgoing)

Date: YYYY                      MM                      DD

Student ID No.		Name	
1 <sup>st</sup> Choice Institution		Preferred Exchange Period	<input type="checkbox"/> 1Semester <input type="checkbox"/> 1Year

(International Student ) APU Tuition Reduction you are currently receiving	%
(Domestic/International Student) Type of other scholarships you are currently receiving	

I understand that by submitting my application forms and Statement of Financial Support that I am under contract with APU to join the Student Exchange Program and that I cannot cancel my application for foreseeable reasons. Should I cancel my application for foreseeable reasons, I understand that I will be unable to re-apply for future APU Student Exchange Programs.

Signature (Applicant)

Date: YYYY                      MM                      DD

**FINANCIAL SPONSOR:** (To be filled in and signed by the financial sponsor)

Name	
Relationship to the applicant	
Address	
Telephone Number	

I hereby agree to become the financial sponsor of the above-mentioned applicant during his/her term as an exchange student as regards the items listed below. I also understand that I may be required to submit proof of my financial status for visa application purposes.

1. APU Tuition
2. Insurance Fees: Overseas Travel Insurance and the Risk Management Support System (Japan IR&C Safety Support Desk)
3. Student visa fees, travel expenses, local living costs, other expenses.

Signature (Financial Sponsor)

Date: YYYY                      MM                      DD