



FINANCIAL STATEMENT

I, the undersigned below:

Name : _____

Date of Birth : _____

Passport Number : _____

Home Address : _____

Phone/Cellphone : _____

E-mail Address : _____

1. **STUDENT:** I have been aware that I cannot be covered by the University's medical insurance during my study at University of Jambi. I acknowledge that my educational expenses (tuition fees, 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 actions, health, and my safety while completing this experience.
2. **SPONSOR:** This is to verify that I will support the above student during his/her entire study period at Universitas Jambi

_____, _____
(Name of Place) (DD/MM/YYYY)

Agreed Upon By

Stated By

Signature

Signature

(Parent/Guardian/Sponsor's name)

(Student's name)

*Please write your answer in CAPITAL LETTERS and in black color ink.