



CERTIFICATION OF FINANCIAL SUPPORT

University of Wisconsin-Madison, International Academic Programs

250 Bascom Hall, 500 Lincoln Drive, Madison, WI 53706

Tel: 608-265-6329 Fax: 608-262-6998

Date: _____, 20____

I, _____, will commit financial resources for my
Print full name of parent/guardian

son/daughter _____ in the amount equivalent
Print full name of student

of \$_____ U.S.D. for study at the University of Wisconsin-Madison.

I understand that this document will be used as the basis for issuance of immigration documentation prepared by the University of Wisconsin-Madison, as required by the United States Immigration and Naturalization Service (INS).

Signature of Parent

Signature and Seal of Bank Official

NOTE: A letter from your bank may be substituted for this document; however, the separate letter must be on letterhead and include the signature and seal of the bank official.