CERTIFICATION OF FINANCIAL SUPPORT

University of Wisconsin-Madison, International Academic Programs
106 Red Gym, 716 Langdon Street, Madison, WI 53706
Tel: 608-265-6329  Fax: 608-262-6998  E-mail: abroad@studyabroad.wisc.edu

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

________________________________________________________________________

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.

September 2011