

# STATEMENT OF FINANCIAL SUPPORT



UCR Extension International Education Programs, 1200 University Avenue Riverside, CA 92507  
Phone: 951-827-4346 • Fax: 951-827-5796 • Web: www.iep.ucr.edu • Email: iepapplication@ucx.ucr.edu

For studies at the University of California, Riverside Extension, International Education Programs

Please fill out this form if you or another individual (like a family member) will be paying for your tuition and other expenses. Please do NOT fill out this form if your tuition and other expenses are being paid by an agent, company, or government.

If you are financially responsible for yourself, you may sign the STATEMENT OF FINANCIAL SUPPORT.

If a family member or another person is responsible for your study expenses, your sponsor must sign the STATEMENT OF FINANCIAL SUPPORT.

Date	17-AUG-2022	
Student Name:	VIKAS	
Student's Date of Birth	04-AUG-2000	Student ID#
Program Name	PG DIPLOMA IN BIG DATA TECHNOLOGIES	Program Dates JAN 2023

To whom it may concern:

I have read the information regarding the cost of tuition, student services fees, health insurance fees, and living expenses at the University of California, Riverside Extension. I certify that these funds will be made available to the above named student while they are studying at the University of California, Riverside Extension. I accept full responsibility for these expenses.

Attached is my bank statement or letter from bank as evidence of funding available to the above named student.

Print the name of the person(s) responsible	Relationship to Student
AJAY SHARAN	UNCLE
Signature of the person(s) responsible	Date
	17-AUG-2022

Please note: There can be more than one person providing financial support for the student. If there is more than one name on the bank account, both people named on the account need to sign this form.

Completed form can be faxed or emailed to the University of California, Riverside Extension, IEP Enrollment Services office at fax number (951) 827-1074 or email address iepapplication@ucx.ucr.edu.

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Print the name of the person(s) responsible RUCHIKA BHALLA	Relationship to Student AUNT
Signature of the person(s) responsible 	Date 17-AUG-2022

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