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CERTIFICATION OF FINANCIAL RESPONSIBILITY

All Applicants and Sponsors Mus	t Complete This Section.		
This is to certify that I,			
will receive	rill receive (AMOUNT IN U.S. DOLLARS) as financial support during the		
period covered by my DS-2019 d	locument to visit the University of Florida.	These funds will be provided	
by:			
Name of funding party (print full na	nme):		
Relationship of funding party to app	olicant:		
Address:			
Funding Party Signature:	*Date (m	*Date (mm/dd/yyyy):	
Verification of funds, such as a bank required, or the bank must complete	k statement (with name of sponsor, date, amount the following section:	nt and type of currency) is	
(You must submit a bank official's I have read the information the applicant has Bank official's name: Bank official's signature: Title:	and Sponsor's Certification of Funding Source signature with the stamp/seal of the bank or submit a bank provided. I believe all information is true and accurate, and	statement/letter verifying funds)	
		(Bank 3 stamp of sear)	
prior to my coming to the Unive understand that making false or	ovided here is correct and complete. If any orisity of Florida, I will immediately notify the fraudulent statements within this certificate program. Attached to this is my friend's based on the statement of the	ne UF International Center. I ion of financial responsibility	
Exchange Visitor's Signature		Date	