



**CERTIFICATION OF FINANCIAL GUARANTEE**

**Name of Student**

.....  
**Last**

**First**

**Sponsor (Student's parents/guarantor)**

Name : \_\_\_\_\_  
Place and Date of Birth : \_\_\_\_\_  
Relation to Student's : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Present Address : \_\_\_\_\_  
.....

**Student's statement :**

*"I have been made aware that i cannot be covered by BIPA program medical insurance during my study at Lembaga Bahasa Internasional, Fakultas Ilmu Pengetahuan Budaya, Universitas Indonesia (LBI FIB UI). I acknowledge that my educational expences (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 my actions, health and sefety while completing this experience".*

Date (dd/mm/yy) :	Student's Signature :
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**Sponsor's statement :**

*"This is to verify that i will support the above student during his/her entire study period at Lembaga Bahasa Internasional, Fakultas Ilmu Pengetahuan Budaya, Universitas Indonesia (LBI FIB UI)".*

Date (dd/mm/yy) :	Sponsor's Signature :
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