



INTERNATIONAL

105 Main Building, Notre Dame, Indiana 46556
tel (574) 631-1138 fax (574) 631-5711 email NDINTL@ND.EDU web INTERNATIONAL.ND.EDU

Date:

To Whom It May Concern:

My name is _____ (sponsor name) and I am the below mentioned student's _____ (relationship to student).

I am able and willing to pay an expense of \$ _____ (dollar amount) for _____ (student name) as an F-1/J-1 visa-holding student at the University of Notre Dame. I have attached documentation to show that I have sufficient financial resources to cover the indicated amount.

If you have any questions, please do not hesitate to contact me by using the contact information below.

Sincerely,

(Sponsor's handwritten signature above)

_____ (Sponsor's Address)

_____ (Sponsor's City & Postal Code)

_____ (Sponsor's Email Address)



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NOTRE DAME



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(Sponsor's Phone Number, including country code)