FINANCIAL GUARANTEE LETTER

Outbound Semester Exchange Program

2021-2022 Academic Year

Batch 1 Application Period

Date: [DD / MM / YYYY]

To Whom It May Concern,

I, the undersigned, hereby certify that (mark “V” on the appropriate box on the left):

|  |  |
| --- | --- |
|  | 1. I will be fully equipped to cover for the financial expenses\* that are required for me to participate in the Outbound Semester Exchange Program and will not apply for financial assistance from the Bureau of Partnerships ITB (i.e. the financial assistance is for those who need it)
 |
|  | 1. I will be partially equipped to cover for the financial expenses\* that are required for me to participate in the Outbound Semester Exchange Program and wish to be considered for financial assistance from the Bureau of Partnerships ITB
 |
|  | 1. I will not be equipped to cover for the financial expenses that are required for me to participate in the Outbound Semester Exchange Program and wish to be considered for financial assistance from the Bureau of Partnerships ITB
 |

\*The required expenses include expenses for travels, accommodation, meals, insurance, visa, books, leisure, and other necessities.

If you choose “A” and “B,” please complete the following:

The main source(s) of funding to cover for the expenses is/are from [Mention all the sources, such as “my monthly salary” / “my bank reserve” / “funding from my parents” / “my scholarship” etc.]. Considering the destination(s) or prospective host universities chosen, I will be able to reserve around IDR [Mention the amount and the range, e.g. between 2,000,000 – 4,000,000] per month for the period of 5 to 6 months for a 1-semester exchange or for a period of 10 months for a 2-semester exchange.

If you choose “B” and “C,” please explain the reasoning in the box below:

|  |
| --- |
|  |

Note: In order to make the opportunity open to as many students as possible, it is expected that students are able to secure a certain amount to cover for the exchange expenses and not rely heavily on the financial assistance from the Bureau of Partnerships.

|  |  |
| --- | --- |
| Sincerely, | Acknowledged by, |
| [Signature][Your Full Name][Email Address] | [Signature][Parent’s Name (only for undergraduate student; for graduate student, delete this part)][Email Address / Contact Number] |