

## STUDENT'S FINANCIAL STATEMENT

This is to certify that:

Name (first and last name) : YOUR NAME XXX  
Passport Number :  
Place and date of birth (day-month-year) : YOUR  
Nationality : PERSONAL  
Faculty/Department/Program : INFO  
Home University : YOUR HOME FACULTY XXX  
Home University : YOUR HOME UNIVERSITY XXX  
Telephon Number :  
E-mail address : YOUR PERSONAL INFO XX

I will study in Indonesia at Warmadewa University. All expenses during my study will be my personal or family responsibility.

I hereby state that to the best of my knowledge and belief the information furnished in this statement is true and correct and without coercion from others.

|   |                                   |
|---|-----------------------------------|
| Date (dd/mm/yy):<br><br>DATE XX.XX.XXXX | Signature :<br><br>YOUR SIGNATURE |
|---|-----------------------------------|

## DECLARATION

I, The undersigned;

|                            |   |  |  |                              |
|----------------------------|---|--|--|------------------------------|
| Name (first and last name) | : |  |  | YOUR PERSONAL INFO XX        |
| Passport Number            | : |  |  | XXXX                         |
| Place and date of birth    | : |  |  | XXX                          |
| Nationality                | : |  |  | XXX                          |
| Faculty/Department/Program | : |  |  | YOUR HOME FACULTY/PROGRAM XX |
| University                 | : |  |  | YOUR HOME UNIVERSITY XX      |

Hereby declare that will study in Indonesia and will:

- 1. Comply with laws and regulations applicable in Indonesia**
- 2. Comply with rules and regulations of the University**
- 3. Not work and will not ask for a scholarship to the Indonesian government**
- 4. Not be involved in any political activities**
- 5. Not do any paid job during my study in Warmadewa University**
- 6. Cover all expenses that may appear due to my personal reason.**
- 7. Obey the Indonesian government Covid-19 standard protocol**
- 8. Maintain my health and remain free from Covid-19.**

If I violate the above matters, I am willing to accept any sanctions in accordance with the legislation in force in Indonesia.

I hereby declare that to the best of my knowledge and belief the information furnished in this declaration is true and correct and without coercion from others.

|  |                                   |
|--|-----------------------------------|
| Date (dd/mm/yy):<br>   <br>DATE XX.XX.XXXX | Signature :<br>YOUR SIGNATURE<br> |
|--|-----------------------------------|