**STATEMENT LETTER**

Date:

The undersigned states that:

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| Sex | : |  |
| Place and Date of Birth | : |  |
| Nationality | : |  |
| Passport Number | : |  |

a prospective student who will study at Universitas Pendidikan Indonesia confirms that the following expenses:

1. Health insurance;
2. Living cost and other related cost; and
3. Stay Permit (visa, police report, domicile, limited stay permit)

will become my responsible for the whole period of study at UPI.

I made these statements consciously and I will obey it properly. Thank you very much for your attention.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Name