

STATEMENT OF CONTINUED FINANCIAL SUPPORT

1. Parents signature to authenticate the financial statement
2. Return to DSO

Date: _____

For: _____ ID# _____

The Registrar's Office has indicated that your student, _____, requires an extension (additional time) to complete the requirements for his or her program of study and for graduation.

Please sign below if you are in agreement of the following statement:

I understand the need for an extension of studies and agree to continue the necessary financial support until my student may graduate.

Sincerely,

Parent/Sponsor Name (print)

Parent/Sponsor Signature