

## 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,

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Parent/Sponsor Name (print)

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Parent/Sponsor Signature