



STATEMENT OF FINANCIAL RESPONSIBILITY

I, the undersigned below :

Name : _____

Selection Number : _____

Date of Birth : _____

Address : _____

Phone/Cellphone : _____

E-mail Address : _____

Hereby declare that if I accepted in ITB International Undergraduate Program, I am willing to comply to the tuition provisions as applied by ITB and I will not demand for any remission.

If in the future the authority find the submitted documents are incorrect or not valid, I will take full responsibility including termination of my status as ITB students.

Approved by

Agreed upon,

(_____)
Student's Parent/Guardian

(_____)