



**GRADUATE SCHOOL OF BASIC MEDICAL SCIENCES
NEW YORK MEDICAL COLLEGE**

SPONSOR AFFIDAVIT FORM

I, _____ certify that I am willing and able to sponsor
(Print your name)

_____ with the following amount _____
Name of student) (US Dollars)

for his/her graduate tuition and living expenses while attending the Graduate School of Basic Medical Sciences for the duration of his/her studies.

I have attached original bank documentation in U.S. dollars, dated and signed by a bank official.

_____ Date _____
Signature of Sponsor

_____ Street _____
Number

_____ City _____ State _____ Zip Code _____

Telephone Number: _____

Relationship to student: _____