



**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.

Signature of Sponsor Date

Number Street

City State Zip Code

Telephone Number

Relationship to Student