SCHOOL OF PUBLIC HEALTH & TROPICAL MEDICINE

Office of Admissions, Student Affairs & Career Services

FOR INTERNATIONAL STUDENTS ONLY

CERTIFICATION OF SUPPORT (SPONSOR)

This certification is executed on behalf of (please print):

_________________________  ______________________  ______________________
(Last name)       (First)       (Middle)

I, (please print sponsor name) ___________________________________________

intend to provide the amount of $________________________ for the first year of study for

the support of the above named person at Tulane University School of Public

Health and Tropical Medicine.

SPONSOR'S CERTIFICATION

I understand that this certification is binding upon me for the first year of study

of the person named above into the United States. I will provide a current bank

statement (not more than two months old), showing an equivalent of at least

$52,930.00 in United States currency available for support of this student for

their first year of study.

I certify the information given above is complete and accurate.

Sponsor's Signature ______________________________________________________

Date ___________________________ _________________________________