



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 \_\_\_\_\_**

*Health Sciences Center*