



Office of Admissions

1 University Plaza,
Brooklyn, New York 11201-8423
Telephone: 718-488-1011
Fax: 718-797-2399

**International Student
Letter of Financial Support/Sponsorship**

Please have your sponsor complete the information below and return this original form to the Office of Admissions.

I, _____ and _____ the
Name of sponsor Name of additional sponsor (if applicable)

_____ of _____
Relationship to Student Name of applicant

financially able and willing to support _____ for a minimum of
Name of applicant

US\$38,000 per year for the graduate Pharmacy program at Long Island University, Brooklyn Campus.

Signature _____

Date ____ / ____ / ____

Signature _____
Signature of second sponsor

Date ____ / ____ / ____