

**STATEMENT OF SUPPORT**

Please sign and return this form as soon as possible to Tulane University School of Medicine, Office of Student Affairs. If you are accepted, this form will be forwarded to the Tulane University International Student Center so that the immigration document (Form I-20) which you will need for obtaining a Visiting Student Visa from the US Embassy, may be promptly prepared and mailed to you.

(Please print.)

I, \_\_\_\_\_  
                    First Name                    Middle Name                    Last Name

of \_\_\_\_\_  
                    Name of Student's School of Medicine

do hereby certify that I will have sufficient funds to support myself and any dependents while attending Tulane University School of Medicine on a temporary basis as a visiting medical student. By my signature below, I attest that the above statement is true. I also thereby acknowledge that I understand that a false statement is grounds for the revocation of the visiting student status that I have been granted and dismissal from the university.

Please sign here:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

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Our government also requires the following information:

Date of Birth: \_\_\_\_\_  
                                    Month            Day            Year

Place of Birth: \_\_\_\_\_  
                                    City                                    Country

Country of Citizenship: \_\_\_\_\_

Country of Permanent Residency: \_\_\_\_\_