



UNIVERSITY of NORTH TEXAS  
HEALTH SCIENCE CENTER at Fort Worth  
★  
Graduate School of Biomedical Sciences

## ***Sponsor's Statement***

Non-U.S. Citizens

U.S. Government Form I-134, Affidavit of Support, may be submitted for this form.

I certify that I will make available to \_\_\_\_\_ (Applicant's Full Name) a minimum of \$36,250 (MS Program) or \$36,136 (PhD Program) during each academic year of his/her enrollment at University of North Texas Health Science Center.

\_\_\_\_\_  
Family/Last Name

\_\_\_\_\_  
First/Given Name

Mailing Address:

\_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
Apartment Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country/Texas County

Relationship of sponsor to applicant (please explain): \_\_\_\_\_  
\_\_\_\_\_

I certify that the information in these application materials, regarding my financial support of the applicant, is complete and correct to the best of my knowledge. I agree to notify the proper officials of the institution of any changes in the information provided. I understand that falsification or omission of any information on the application documents will void the applicant's admission, cancel his/her enrollment and/or result in appropriate disciplinary action.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date: MM/DD/YYYY