



BROWN Graduate School *Forms*

Brown University Graduate School
Box 1867
Providence, RI 02912
Phone: 401 863-2217
Fax: 401 863-3471

AFFIDAVIT OF FINANCIAL SUPPORT

Student Information & Terms of Request

Date: _____

To Whom It May Concern:

This is to certify that I/we _____
(Name/s of person providing financial support)

Will provide financial support for: _____
(Name of applicant)

Who has been admitted to Brown University.

Amount committed to the student in U.S. dollars: _____

Enclosed is a bank certificate with names translated in English.

Signature of person/s providing support
(Handwritten signature or DocuSign required)

Date

Printed name/s of person/s providing support

Relationship between person/s providing support and applicant

Address of person/s providing support: _____