

Statement of Financial Support

Date

I, _____, will provide
(print Sponsor's name)

financial support for _____, for the duration of
(print Student's name)

his/her study abroad experience at the University of Limerick, Ireland.

Signature of Financial Sponsor

Relationship to Student (parent, guardian or financial sponsor)

This form must be officially notarized.

Submit this form to:
Plymouth State University: The Global Education Office
MSC 44, 17 High St., Plymouth, NH 03264, Tel: 603-535-2336, Fax: 603-535-2528