

Family Support Form

Date: _____
(mm/dd/yyyy)

Georgetown University Law Center
International Student Services
Office of Graduate & International Programs

Dear Sir/Madam:

Please be advised that I, _____,
(Sponsor's Name)

_____ of student _____,
(Relationship – Mother, Uncle, etc.) (Name of Student)

will be financially responsible for his/her tuition and living expenses for the duration of his/her studies at Georgetown University Law Center. I will provide USD \$_____ per year during his/her stay in the United States.

Sincerely,

(Original Ink or Digital Signature)