



**ST. JOHN'S
UNIVERSITY**

**College of Pharmacy
and Health Sciences**

White Coat Sponsor Program

Please note that your sponsored student will receive a notecard with your name and email address to contact you.

INFORMATION

Name: _____ Graduation year: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Email: _____

PAYMENT

NOTE OF ENCOURAGEMENT *(Please add a special message to the students.)*

MAIL COMPLETED FORM WITH PAYMENT TO

St. John's University
College of Pharmacy and Health Sciences
Attn: Diana J. Patino
Assistant Dean for Administration and Student Success
St. Albert Hall, Room 171
8000 Utopia Parkway
Queens, NY 11439