


STONY BROOK UNIVERSITY

Stony Brook, NY 11794



Transmittal Record of Previously Submitted

Name of Applicant	LIANG, HONG	
Name	HONG LIANG	
Address	1000 UNIVERSITY AVENUE, SUITE 1000 STONY BROOK, NY 11794	
City	STONY BROOK, NY 11794	
Country	UNITED STATES OF AMERICA	
Telephone	516-632-1234	
Proposed Title	PROPOSED TITLE	
Proposed Institution	PROPOSED INSTITUTION	
Proposed Date	PROPOSED DATE	
Proposed Location	PROPOSED LOCATION	

Hong Liang

I hereby certify that the information furnished by the applicant and herein included in the application and other data thereon was obtained by the applicant in accordance with the laws and regulations governing the subject.

I hereby certify that all information given in the application and other data thereon is true and correct to the best of my knowledge and belief. I am not aware of any information which would cause the applicant to be ineligible for admission to the institution named in the application and other data thereon.

Very truly yours,

 Director of Admissions

This information is being furnished to the institution named in the application and other data thereon for its use in the admission process and is not to be used for any other purpose.

Note: The University reserves the right to conduct any investigation which may be required through the institution named in the application and other data thereon and to require the institution named in the application and other data thereon to provide such information as may be required.