

FINANCIAL AFFIDAVIT FOR INTERNATIONAL STUDENTS

An international applicant accepted for admission to a graduate program at Pace University who requires a Certificate of Eligibility for a student visa **must** submit the International Applicant Financial Affidavit below. The completed affidavit must be submitted with a letter from a bank indicating the availability of sufficient funds in US dollars available for one year of study. Applicants are advised to obtain two sets of bank documentation in order to have one set for the embassy use.

If any financial support is to be provided by one or more sponsors, the Sponsor(s) Affidavit(s) of Support must also be submitted and the sponsor(s) must provide the required bank documentation.

(Note: The Sponsor Affidavit of Support which follows this page may be reproduced.)

I certify that I have ______ US dollars available to me for the following expenses of my graduate education at Pace University.

Tuition (18 credits)

Fees

Housing

I have indicated the source of my financial support below and have attached original bank documentation in US dollars. The information I have provided on this affidavit is correct and complete. I know that giving false information on this affidavit or in support documentation may result in the cancellation of my admission to

Pace University. I also understand that the entire tuition and general institution fee is due at the time of registration for each term, that the insurance cost is an annual fee, and that costs may rise in succeeding terms. I also understand that if I am required to enroll for English language coursework, additional costs will ensue.

Work toward greatness. Office of Graduate Admission

(New York City) One Pace Plaza New York, NY 10038 USA Phone: (212) 346-1531

Fax: (212) 346-1585

Source of Support

(self, sponsor**, or scholarship)

E-mail: graduateadmission@pace.edu

(Westchester)
The Vineyard Building
861 Bedford Road
Pleasantville, NY 10570 USA
Phone: (914) 422-4283
Fax: (914) 422-4287

E-mail: graduateadmission@pace.edu

COLLEGE OF HEALTH PROFESSIONS PHYSICIAN ASSISTANT PROGRAM

2016–2017 TOTAL ESTIMATED EXPENSES FOR THE FALL AND SPRING TERMS*

US Dollars (self or sponsor**)

22,050.00

19,000.00

990.00

\$

\$

\$

elephone	Fax		E-mail					
int Address								
gnature	Month Day Yea	ar	Print Name					
Grand Total (12 months):			\$ 59,568.00					
	Total:	\$	13,810.00					
	Other (books, personal expenses, and transportation)	\$ \$	3,680.00 2,780.00					
	Housing							
	Tuition and Fees (6 credits)		Dollars f or sponsor**) 7,350.00	Source of Support (self, sponsor**, or scholarship)				
	ESTIMATED EXPENSES FOR THE OPTIONAL S	UMN	IER I AND SI	JMMER II TERMS*				
	If you plan on enrolling in summer 2017 then you must include the following as well:							
	If you have been awarded a merit scholarship, you may deduct the amount here: Total: \$							
	Total:	\$	45,758.00					
	Other (books, personal expenses, and transportation)	\$	2,780.00					
	Health Insurance	\$	938.00	 -				

2016

**Each sponsor must complete an affidavit of support (see reverse side) and submit official bank documentation verifying availability of funds.



COLLEGE OF HEALTH PROFESSIONS PHYSICIAN ASSISTANT PROGRAM SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 1

I certify that I am willing and able to sponsor							
,				(insert student name)			
with the minimum amount of	e minimum amount of US dollars for her/his graduate tuition and living expenses while attending (insert amount)						
Pace University. I have attached original bank documenths before the student's enrollment at Pace U	cumenta niversity	tion in US indicatin	dollars og savings	dated and signed by a bank official no more than six account funds sufficient to sponsor the student.			
Signature	Month /	Day	/Year	Relationship to Student			
Print Name		Sponsor	Citizenship)			
Print Address				Telephone Number			
Fax Number E-mail							
	RAF	FIDAV	IT OF	SUPPORT			
TO BE COMPLETED BY SPONSOR 2							
I certify that I am willing and able to sponsor							
,				(insert student name)			
with the minimum amount of(insert amount)	num amount of US dollars for her/his graduate tuition and living expenses while attending						
				dated and signed by a bank official no more than six account funds sufficient to sponsor the student.			
	/	/	/	Relationship to Student			
Signature	Month	Day	Year	Relationship to Student			
Print Name	Sponsor Citizenship						
Print Address				Telephone Number			
Fax Number E-mail							
	RAF	FIDAV	IT OF	SUPPORT			
TO BE COMPLETED BY SPONSOR 3							
I certify that I am willing and able to sponsor							
,				(insert student name)			
with the minimum amount of(insert amount)	US dollars for her/his graduate tuition and living expenses while attending						
				dated and signed by a bank official no more than six account funds sufficient to sponsor the student.			
Signature	/ Month	/ Day	/ Year	Relationship to Student			
-		,		•			
Print Name	Sponsor Citizenship						
Print Address		Telephone Number					
Fax Number E-mail							

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