

Work toward greatnes

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.

Pace University Graduate Admission Office, W110 Graduate Application Processing Center One Pace Plaza New York, NY 10038 (212) 346-1531 graduateadmission@pace.edu

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. (insert amount from below)

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.

COLLEGE OF HEALTH PROFESSIONS Accelerated Bachelor of Science in Nursing Degree–ABSN (ONE-YEAR PROGRAM) 2017–2018 TOTAL ESTIMATED EXPENSES FOR THE FALL AND SPRING TERMS

Tuition		Dollars If or sponsor**)	Source of Support (self, sponsor**, or scholarship
		37,910.00	
Fees	\$	990.00	
Housing	\$	19,000.00	
Health Insurance	\$	938.00	
Other (books, personal expenses, and transportation)	\$	2,780.00	
Total:	\$	61,618.00	

Signature		/_ Month	Day	/ Year	Print Name
Print Address					
Telephone	Fax				E-mail

* Subject to change.

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



College of

COLLEGE OF HEALTH PROFESSIONS ACCELERATED BACHELOR OF SCIENCE IN NURSING DEGREE (ABSN) SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 1

I certify that I am willing and able to spo	nsor					
				(insert student name)		
		US dollars for her/his graduate tuition and living expenses while attending				
Pace University. I have attached origina				dated and signed by a bank official no more than six s account funds sufficient to sponsor the student.		
	/.		_/			
Signature	Month	Day	Year	Relationship to Student		
Print Name		Sponsor	r Citizenshij	p		
Print Address				Telephone Number		
Fax Number	E-mail		-			
S	PONSOR AFF	FIDA\	VIT OF	SUPPORT		
TO BE COMPLETED BY SPONSOR 2	:					
I certify that I am willing and able to spo	nsor					
				(insert student name)		
with the minimum amount of	US dc	ollars fo	r her/his g	raduate tuition and living expenses while attending		
(ion in II	IS dollars	dated and signed by a bank official no more than size		
				s account funds sufficient to sponsor the student.		
	,		/			
Signature	///////	Day	/ Year	Relationship to Student		
0						
Print Name		Sponsor	r Citizenshij	p		
Print Address				Telephone Number		
Fax Number	E-mail		-			
	PONSOR AFF	FIDA		SUPPORT		
TO BE COMPLETED BY SPONSOR 3				Sorrow		
-						
I certify that I am willing and able to spo	insor			(insert student name)		
with the minimum emount of		llare for	r hor/hic a			
with the minimum amount of(inser	05 d0 rt amount)	ollars fo	r ner/nis g	graduate tuition and living expenses while attending		
Pace University. I have attached origina	al bank documentat	ion in U	JS dollars	dated and signed by a bank official no more than six		
				s account funds sufficient to sponsor the student.		
Signature	///_	Day	_/ Year	Relationship to Student		
Signature	Month	Day	Tear	Relationship to Student		
Print Name		Sponso	r Citizenshi	p		
Print Address				Telephone Number		
Fax Number	E-mail		-			