

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.)

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 PHYSICIAN ASSISTANT PROGRAM

2018–2019 TOTAL ESTIMATED EXPENSES FOR THE FALL, SPRING, AND SUMMER TERMS*

	Tuition		US Dollars (self or sponsor**)		Source of Support (self, sponsor**, or scholarship)
			\$ 105,000.00		
	Fees Housing Health Insurance Other (books, personal expenses, and transportation) Total:			990.00 19,000.00 1,345.00 2,780.00	
				129,115.00	
	If you have been awarded a merit scho	larship, you m	ay deduct the amount here: Total: \$		
		/ /			
Signature	Mon	th Day	Year	Print Name	!
Print Address					
Telephone				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 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	US dollars for he	er/his gr	aduate tuition and living expenses while attending		
	cumentation in US	dollars d	ated and signed by a bank official no more than six		
Signature	Month Day	Year	Relationship to Student		
Print Name	Sponsor Ci	tizenship			
Print Address			Telephone Number		
Fax Number E-mail					
SPONSO	OR AFFIDAVI	T 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	US dollars for he	or/hic ar	aduate tuition and living expenses while attending		
(insert amount)	03 dollars for the	er/ills gr	addate tuition and fiving expenses write attending		
Pace University. I have attached original bank do months before the student's enrollment at Pace U			ated and signed by a bank official no more than six account funds sufficient to sponsor the student.		
Signature	Month Day	Year	Relationship to Student		
Signature	Month Buy	rear	retutionship to student		
Print Name	Sponsor Citizenship				
Print Address			Telephone Number		
Fax Number E-mail					
	OR AFFIDAVI	T 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	US dollars for he	er/his gr	aduate tuition and living expenses while attending		
(insert amount) Pace University. I have attached original bank do months before the student's enrollment at Pace U			ated and signed by a bank official no more than six account funds sufficient to sponsor the student.		
Signature	Month Day	Voar	Relationship to Student		
Jigiididic	Month Day	icai	retationship to Student		
Print Name	Sponsor Ci	Sponsor Citizenship			
Print Address		Telephone Number			
Fax Number E-mail					