

## 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 Graduate Application Processing Center One Pace Plaza New York, NY 10038 (212) 346-1531 intlgradadmission@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 PHYSICIAN ASSISTANT PROGRAM 2020–2021 Total Estimated Expenses for the Fall and Spring Terms\*

		US Dollars (self or sponsor**)	Source of Support (self, sponsor**, or scholarship)			
	Tuition	\$ 107,000.00				
	Fees	\$ 1,080.00				
	Housing	\$ 21,000.00				
	Health Insurance	\$ 1,500.00				
	Other (books, personal expenses, and transportation)	\$ 2,780.00				
	Total:	\$ 133,360.00				
	If you have been awarded a merit scholarship, you m	ay deduct the amou	nt here:			
	Total: \$					
	1					
Signature	Month Day	Year Print Name				
Print Address						

<sup>\*</sup>Subject to change.

<sup>\*\*</sup>Each sponsor must complete an Affidavit of Support (see reverse side) and submit official bank documentation verifying availability of funds.





## SPONSOR AFFIDAVIT OF SUPPORT

## TO BE COMPLETED BY SPONSOR 1

I certify that I am willing and ak	ole to sponsor					
			(insert student name)			
with the minimum amount of	the minimum amount of US dollars for her/his graduate tuition and living expenses while attend					
Pace University. I have attached			US dollars dated and signed by a bank official no more than six ting savings account funds sufficient to sponsor the student.			
Signature	Month	/	Relationship to Student			
Signature	WORLD	Day Year	Relationship to Student			
Print Name		Sponsor Citizens	hip			
Print Address			Telephone Number			
Fax Number	Email					
	SPONS	OR AFFIDA	AVIT OF SUPPORT			
TO BE COMPLETED BY SPON	ISOR 2					
I certify that I am willing and ak	ole to sponsor					
			(insert student name)			
	ert amount)	US dollars	for her/his graduate tuition and living expenses while attending			
			US dollars dated and signed by a bank official no more than six ting savings account funds sufficient to sponsor the student.			
		/				
Signature	Month	Day Year	Relationship to Student			
Print Name		Sponsor Citizens	ship			
			·			
Print Address			Telephone Number			
Fax Number	Email		<del>_</del>			
	SPONS	OR AFFIDA	AVIT OF SUPPORT			
TO BE COMPLETED BY SPON	SOR 3					
I certify that I am willing and al	ole to sponsor					
			(insert student name)			
with the minimum amount of _	(insert amount)	US dollars	for her/his graduate tuition and living expenses while attending			
•	ed original bank do		US dollars dated and signed by a bank official no more than six ting savings account funds sufficient to sponsor the student.			
Signature	Month	// Day Year	Relationship to Student			
Print Name		Sponsor Citizens	hip			
Print Address			Telephone Number			
Fax Number	Email					