**LIENHARD SCHOOL OF NURSING**

**2010–2011 Estimated Expenses for the Fall and Spring Terms***

*not applicable to BSN/MS Combined Degree Program*

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>U.S. Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuition and Fees (18 credits)</strong></td>
<td>$15,638.00</td>
</tr>
<tr>
<td><strong>Living Expenses (Room and Board)</strong></td>
<td>$12,326.00</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td>$552.00</td>
</tr>
<tr>
<td><strong>Other (books, personal expenses, and transportation)</strong></td>
<td>$2,648.00</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$31,164.00</td>
</tr>
</tbody>
</table>

**Estimated Expenses for the Optional Summer I and Summer II Terms***

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>U.S. Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuition and fees (6 credits)</strong></td>
<td>$4,951.00</td>
</tr>
<tr>
<td><strong>Living Expenses (Room and Board)</strong></td>
<td>$5,669.00</td>
</tr>
<tr>
<td><strong>Other (books, personal expenses, and transportation)</strong></td>
<td>$620.00</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$11,240.00</td>
</tr>
</tbody>
</table>

**Grand Total (12 Months):** $42,402.00

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* Subject to change

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

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 ____________________ U.S. dollars for her/his graduate tuition and living expenses while attending
(insert amount)
Pace University. I have attached original bank documentation in U.S. dollars dated and signed by a bank official no more than six
months before the student’s enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

__________________________    _______/________/_______
Signature                                                                                   Month          Day             Year        Relationship to Student

Print name

Print address

Fax (________) _________________________  E-mail _________________________
Area Code  / Number

SPONSOR AFFIDAVIT 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 ____________________ U.S. dollars for her/his graduate tuition and living expenses while attending
(insert amount)
Pace University. I have attached original bank documentation in U.S. dollars dated and signed by a bank official no more than six
months before the student’s enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

__________________________    _______/________/_______
Signature                                                                                   Month          Day             Year        Relationship to Student

Print name

Print address

Fax (________) _________________________  E-mail _________________________
Area Code  / Number

SPONSOR AFFIDAVIT 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 ____________________ U.S. dollars for her/his graduate tuition and living expenses while attending
(insert amount)
Pace University. I have attached original bank documentation in U.S. dollars dated and signed by a bank official no more than six
months before the student’s enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

__________________________    _______/________/_______
Signature                                                                                   Month          Day             Year        Relationship to Student

Print name

Print address

Fax (________) _________________________  E-mail _________________________
Area Code  / Number