College of Health Professions

PACE UNIVERSITY
Work toward greatness.

FINANCIAL AFFIDAVIT FOR INTERNATIONAL STUDENTS

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

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.
(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
PhD in Nursing
2018–2019 Total Estimated Expenses for the Fall and Spring Terms

	US Dollars (self or sponsor**)	**Source of Support** (self, sponsor**, or scholarship)
Tuition (18 credits)	$ 24,300.00	_____
Fees	$ 990.00	_____
Housing	$ 19,000.00	_____
Health Insurance	$ 1,345.00	_____
Other (books, personal expenses, and transportation)	$ 2,780.00	_____
Total:	**$ 48,415.00**	

If you have been awarded a merit scholarship, you may deduct the amount here:

Total: $_____

_____ _____/_____/_____ _____
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 Health Professions

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COLLEGE OF HEALTH PROFESSIONS
PhD in 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 _____ US dollars for her/his graduate tuition and living expenses while attending
(insert amount)
Pace University. I have attached original bank documentation in US 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 Sponsor Citizenship

_____ _____
Print Address Telephone Number

_____ _____
Fax Number E-mail

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 _____ US dollars for her/his graduate tuition and living expenses while attending
(insert amount)
Pace University. I have attached original bank documentation in US 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 Sponsor Citizenship

_____ _____
Print Address Telephone Number

_____ _____
Fax Number E-mail

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 _____ US dollars for her/his graduate tuition and living expenses while attending
(insert amount)
Pace University. I have attached original bank documentation in US 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 Sponsor Citizenship

_____ _____
Print Address Telephone Number

_____ _____
Fax Number E-mail