

FINANCIAL AFFIDAVIT FOR GLOBAL PATHWAY STUDENTS

2020-2021

Office of Graduate Admission

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

This Financial Affidavit for International Students is for use by Pace University international students who require a Certificate of Eligibility for a student visa. The completed affidavit **must be** submitted with a letter from a bank indicating the availability of sufficient funds in US dollars for one year of study.

The completed affidavit $\pmb{must\ be}$ submitted \pmb{v}	vith a letter from	m a bank indicat	ing the availabi	lity of sufficient	unds in US dollars for one year of	study.
Applicants are advised to obtain a second se	t of bank docur	nents for use by	the embassy is	suing your stude	ent visa.	
If financial support will be provided by one o documentation verifying the availability of fu					The state of the s	•
I certify that I have	US dollars ava	ilable to me for t	the following ex	penses of my gr	aduate education at Pace Universi	ty.
I have indicated the source of my financial su this affidavit is correct and complete. I know admission to Pace University. I also understa insurance cost is an annual fee, and that cost work, additional cost will ensue.	that giving fals and that the ent	e information or ire tuition and g	n this affidavit o eneral institutio	r in support doc on fee is due at th	umentation may result in the cance ne time of registration for each terr	ellation of my m, that the
	Estima	Sou		2021 Academic	′e ar	
Estimated Tuition 3, 2, or 1 Term(s) of GP	\$34,500	\$23,000	\$11,500			
Standard Fees †	\$990	\$990	\$990		_	
Health and Accident Insurance (12 months)	\$1,500	\$1,500	\$1,500		_	
Books / Supplies / Personal Expenses	\$2780	\$2780	\$2780		_	
Room and Board	\$ 19,500	\$ 19,500	\$19,500		_	
Total:	\$59,270	\$47,770	\$36,270			
- Student Signature		Month/Da	w/Voor		Print Name	
Student Signature		Month/Da	у/ теаг		Print Name	
Print Current Address						

† Standard fees include the General Institution fee, Student Activities fee, Technology fee, and Health Care Service fee.

Print Permanent Foreign Address

Telephone Number

2020

Email Address

Fax Number

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This form may be reproduced.

Sponsor Affidavit of Support to be Comp					
I certify that I am willing and able to sponsor:	with a minimum amount of				
, , , , , , , , , , , , , , , , , , , ,	(Insert Applicant's Name)	(Insert Amount)			
in US dollars dated and signed by a bank official no maccount funds sufficient to sponsor the applicant.	nore than six months before the applicant's expecte	ed enrollment at Pace University, indicating saving			
Signature	Month/Day/Year	Relationship to Applicant			
Print Name	Sponsor Citizenship				
Print Address	Telephone Number	Fax Number			
Sponsor Affidavit of Support to be Complete Comp		ninimum amount of			
recently that I am withing and able to sponsor.	(Insert Applicant's Name)	(Insert Amount)			
	nore than six months before the applicant's expecte	ed enrollment at Pace University, indicating saving			
account funds sufficient to sponsor the applicant.	nore than six months before the applicant's expected by the second secon	ed enrollment at Pace University, indicating saving Relationship to Applicant			
account funds sufficient to sponsor the applicant. Signature Print Name	// Month/Day/Year				
Signature Print Name Print Address Sponsor Affidavit of Support to be Completed.	Month/Day/Year Sponsor Citizenship Telephone Number	Relationship to Applicant Fax Number			
Signature Print Name Print Address Sponsor Affidavit of Support to be Complete.	Month/Day/Year Sponsor Citizenship Telephone Number leted by Sponsor 3	Relationship to Applicant Fax Number fainimum amount of			
account funds sufficient to sponsor the applicant. Signature Print Name Print Address Sponsor Affidavit of Support to be Completerity that I am willing and able to sponsor:	Month/Day/Year Sponsor Citizenship Telephone Number leted by Sponsor 3 with a m (Insert Applicant's Name)	Relationship to Applicant Fax Number sinimum amount of			
account funds sufficient to sponsor the applicant. Signature Print Name Print Address Sponsor Affidavit of Support to be Completerify that I am willing and able to sponsor: in US dollars dated and signed by a bank official no maccount funds sufficient to sponsor the applicant.	Month/Day/Year Sponsor Citizenship Telephone Number leted by Sponsor 3 with a m (Insert Applicant's Name)	Relationship to Applicant Fax Number sinimum amount of			
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2020