



College of Health Professions

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

### 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.

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	\$ 109,000.00	_____
Fees	\$ 1,080.00	_____
Housing	\$ 23,000.00	_____
Health Insurance	\$ 1,500.00	_____
Other (books, personal expenses, and transportation)	\$ 2,780.00	_____
<b>Total:</b>	<b>\$ 137,360.00</b>	

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	_____ Email	_____	

\*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

This form may be reproduced.

### 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 \_\_\_\_\_ Email \_\_\_\_\_

### 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 \_\_\_\_\_ Email \_\_\_\_\_

### 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 \_\_\_\_\_ Email \_\_\_\_\_