



## 2017-18 INTERNATIONAL APPLICANT FINANCIAL FORM – Pharm.D. Program

International applicants must affirm that they are responsible for paying all tuition, fees and living expenses for the entire period of the intended study program. Applicants must document the full cost of only the first year of study before the university can issue a Certificate of Visa Eligibility (Form I-20 or DS-2019).

**Instructions:**    **Part I**    Answer questions 1–7 completely.  
                           **Part II**    Indicate the sources of your funding, the amounts available, and the totals for each year, and have the sponsors verify these amounts by signing this form. Include required documentation as indicated below.

Applicants must document financial support equal to or greater than the amounts indicated below (one year of study).  
*These figures are estimated costs and are subject to increase without notice.*

### Estimated Budget for International Pharm.D. Students

TUITION <sup>1</sup>	\$36,450
FEES (including health insurance) <sup>2</sup>	\$3,866
ROOM AND BOARD <sup>3</sup>	<u>\$13,782</u>
<b>ESTIMATED TOTAL</b> (per year of study)	<b>\$54,098</b>

<sup>1</sup>Tuition indicated above is the 2017-18 tuition rate for the academic year only (September–May). Tuition and fees are subject to change. Tuition can increase annually (but doesn't always). The above tuition is for Fall and Spring semesters and is based on the "flat tuition" model where the cost is the same for 12 or more credits (it is not per credit). Summer and Winter session tuition and fees are not included above; Summer and Winter sessions are optional; students are not required to study in the summer and winter sessions; Summer and Winter tuition is charged per credit; standard graduate tuition and fees are approximately \$1,680 per credit hour.

<sup>2</sup>Fees and health insurance are listed for the full year.

<sup>3</sup>Minimum allowance for least expensive on-campus housing and food costs for the Fall and Spring semesters (one academic year); optional Summer and Winter sessions and school breaks are not included (if the student were to live on campus in those periods). The university estimates that students will need an additional \$1,500 or more for books and supplies, and \$1,500 or more for personal expenses and incidental costs.

*The above figures are estimated costs and are subject to change without notice. Total costs typically increase 5% - 8% per annum.*

### Dependent Support

A student wishing to have his or her spouse or children accompany him or her must document the following amounts for each family member per academic year of intended study.

For spouse:        \$7,750 per academic year

For each child:    \$5,750 per academic year

### Forms of Financial Documentation

Type of Documentation <sup>4</sup>	
Bank Letters	Acceptable
Bank Statements (Savings or Checking Accounts)	Acceptable
Certificates of Deposit (CD) Statements	Acceptable - maturity date must be earlier than anticipated enrollment date.
Chartered Accountant Statements	Not Acceptable
Employer Letters / Salary Statements	Not Acceptable
Line of Credit Letters	Acceptable
Loan Letters	Acceptable
Provident (Retirement) Fund Statements	Acceptable - if fund permits early withdrawal; value will be calculated at 75 percent of face value (or as determined by terms of the fund).
Scholarship Letters (Private, Government, School, etc.)	Acceptable
Stock Market Statements	Not Acceptable
Valuation Statements (Jewelry, Gold, Property)	Not Acceptable

<sup>4</sup> This information is required for visa eligibility determination only. All acceptable forms of documentation must be printed on official letterhead paper from the institution that issued the document. Documents must be dated within one year of the anticipated date the student will commence studies. Documents can be clear photocopies, scanned, faxed or original. All documents submitted to UB become the property of UB; they cannot be returned or forwarded to another person/institution.

# University at Buffalo Pharm.D. International Financial Form – 2017-18

## PART I

Important Note: Print your name exactly as it appears in your passport. If your passport lists no Surname or no Given Name, write a dash (—). In order to issue your I-20, we must have a copy of your passport biographical page; please send or fax this to the address below.

1. Name of applicant \_\_\_\_\_  
Family/Surname First/Given name
2. Major \_\_\_\_\_ 3. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year
4. Country of birth \_\_\_\_\_ 5. Country of citizenship \_\_\_\_\_
6. E-mail address (print neatly in block letters): \_\_\_\_\_
7.  I plan to come **without** dependents (spouse/children).  
 I plan to come **with** dependents. The following dependents (spouse/children) will accompany me:

Surname / Given Names	Date of Birth	Country of Birth	Country of Citizenship	Relationship to Applicant

## PART II

Applicants are responsible for all costs of attending the university (4 years for the Pharm.D.). University costs are subject to change and increase an average of 7 to 8 percent annually. You and your sponsor must sign verification statements A. and B. at the bottom of this page indicating that you are responsible for all costs. Tick the appropriate statements below indicating where your first year of funding will come from (multiple sources are acceptable). Attach the appropriate financial documentation showing availability of one year’s funding.

### Source of Funds

Tick (✓) the boxes showing where your first year of funding will come from and indicate the amount that will come from that source. The total must amount to at least \$54,098.

Source:	Amount:
<input type="checkbox"/> I will pay from my own personal account.	\$ _____
<input type="checkbox"/> My family will pay for my education.	\$ _____
<input type="checkbox"/> I will have a scholarship from: _____.	\$ _____
<input type="checkbox"/> I will have a student loan from: _____.	\$ _____
<input type="checkbox"/> My Government/Company will pay for my education.	\$ _____
<input type="checkbox"/> Other (specify): _____	\$ _____
<b>Total:</b>	\$ _____

### Verification:

A. **Sponsor:** This is to certify that I (we) the undersigned agree to provide the funds required for all years of study at the University at Buffalo and that I (we) are submitting bank statements indicating the availability of these funds.

\_\_\_\_\_  
Sponsor (1) signature Date Relationship to applicant

\_\_\_\_\_  
Sponsor (2) signature Date Relationship to applicant

B. **Applicant:** This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

\_\_\_\_\_  
Applicant signature Date

**SCAN and UPLOAD**  
 this form with required documentation into the GrAdMIT system.

*Or MAIL*  
 this form with required documentation to your academic department.

*Or EMAIL*  
 this form with required documentation to your academic department.