



**Doctor of Pharmacy Program**  
SCHOOL OF PHARMACY  
UNIVERSITY OF WISCONSIN-MADISON

**Fall 2025 UW-Madison PharmD Financial Verification Form**

**NAME** \_\_\_\_\_  
Surname (Last) First Middle

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:**

All international applicants requesting F-1 or J-1 (student) visa status must complete this form and send it to the PharmD Admission Office ([apply@pharmacy.wisc.edu](mailto:apply@pharmacy.wisc.edu)) for their application to be considered complete.

After being admitted and before enrolling in the PharmD program, international applicants must show that they have sufficient funds to cover their expenses while attending the University of Wisconsin-Madison. International applicants must provide financial documents such as bank statement(s) and a sponsor letter of support to obtain their I-20 through UW-Madison. Appropriate financial support documents will depend on the student's type of sponsor. Students should only provide funding sources where funds are liquid. All accepted PharmD students must show sufficient funds for one year of professional study. Students should not expect to earn their way by working part-time. **The PharmD Admissions Office will notify accepted international students when they can begin to upload their funding documentation to UW-Madison's Terra Dotta System (<https://terradotta.wisc.edu/>).**

*Students should keep additional original documentation for presentation to the U.S. Consulate when requesting a student visa and for presentation to immigration officials when entering the United States.*

**ESTIMATED APPROXIMATE STUDENT EXPENSES (2024-2025):**

Living Expenses for Calendar Year	\$ 25,000
Full-time Tuition & Fees (Fall and Spring)	\$ 49,550

<b>Total Living Expenses + Fall &amp; Spring Tuition</b>	<b>\$ 74,550</b>
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\*The living expenses listed above includes SHIP (Student Health Insurance Plan)

Summer School Tuition [OPTIONAL]	variable
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Students who will be accompanied by a spouse and/or children should contact the PharmD Admission Office for information about additional costs.

Combined living expenses and tuition amounts are ESTIMATES; the amounts typically increase each year and tuition is subject to change without notice. **The tuition detailed to the left is estimated for the 2025-2026 school year. Tuition increases may occur for future school years.** Summer School attendance is optional with the exception of the 4<sup>th</sup> year of the PharmD program.

ESTIMATED EXPENSES DO NOT INCLUDE transportation to/from Madison, winter clothing or off-campus housing deposit (usually equal to one month's rent).

Living expenses include mandatory SHIP health insurance. Please see the International Student Services website at [www.iss.wisc.edu](http://www.iss.wisc.edu)



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PERSONAL INFORMATION: WRITE NAME EXACTLY AS IT APPEARS ON PHARMCAS APPLICATION

NAME: Surname (family name) (LAST NAME) First (given name) Middle

Gender: Male Female Nonbinary Other: Campus Identification Number (if known):

Date of Birth (month/day/year): Anticipated Term of Admission: Fall 2025

City and Country of Birth:

Country of Citizenship:

Permanent Foreign Address (Required):

Permanent Foreign Address (Required):

Intended Major: Doctor of Pharmacy (PharmD)

APPLICANT'S DECLARATION: I certify that the above information is correct and complete. I am aware that I need to provide financial documentation such as bank statement(s) that shows funds to cover at least one year of PharmD study: \$74,550 and additional documents if needed to UW-Madison prior to obtaining my I-20 from UW-Madison. Students should only provide us with funding sources where funds are liquid. I understand that any misrepresentation or my inability to provide financial documentation when requested may result in the university revoking my acceptance or terminating my enrollment.

Signature of Applicant Date (month/day/year)