

UNIVERSITY OF WISCONSIN-MADISON
SCHOOL OF PHARMACY
Fall 2018 PharmD Financial Verification Form

PharmD Admission Office
777 Highland Ave., Madison, WI 53705-2222

NAME _____
Surname (Last) First Middle

INSTRUCTIONS:

All international applicants must show that they have sufficient funds to cover their expenses while attending the University of Wisconsin-Madison. Students requesting F-1 or J-1 (student) visa status must complete this form and send it with financial support documents to the Pharm.D. Admission Office. Appropriate financial support documents will depend on the student's type of sponsor. Please see reverse side for explanations of sponsor type and appropriate documentation. **All applicants must show sufficient funds for one year of professional study.** Students should not expect to earn their way by working part-time.

FINANCIAL DOCUMENTS MUST:

- be original letters with original ink signatures and stamps (photocopies and FAX copies are not acceptable).
- be written in English (or in original language accompanied with an official translation).
- show money amounts in local currency with conversions into US\$ (dollars).
- include both the sponsor's name and the student's name *exactly as it appears on the admission application*.
- be dated within one year of prospective initial enrollment at UW-Madison.

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 (2018-2019):

Living Expenses for Calendar Year	\$ 21,000
Full-time Tuition (Fall and Spring) Terms	\$ 41,000

Total living expenses + 9-month tuition	\$ 62,000
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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 2018-2019 school year. Tuition increases are expected for future school years.** Summer School attendance is optional.

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

---- STUDENTS: COMPLETE THE REVERSE SIDE ----

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

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

Gender: Male Female Campus Identification Number (if known): _____

Date of Birth (month/day/year): _____ Anticipated Term of Admission (check one and complete year):

City and Country of Birth: _____ Fall /Year _____

Country of Citizenship: _____

Permanent Foreign Address (Required): _____

Intended Major: _____

FINANCIAL INFORMATION AND SPONSOR TYPE:

Current Exchange Rate of your Country's Currency: U.S. \$1.00 = _____

Check the box of each type of sponsor you will use and complete the information requested on each sponsor. Send all documentation needed along with this financial verification form to the Entry-level Pharm.D. Admission Office (address on page one).

Personal Sponsor (relative / friend / employer)

Documentation Needed: Letter from sponsor to verify intent to cover expenses and letter from sponsor's bank to verify funds and/or to express confidence of sponsor's ability to support at least one year of Pharm.D. Study: \$62,000.

SPONSOR #1

SPONSOR #2

Name of Sponsor: _____

Relationship to Student: _____

Amount on Deposit: \$ _____ \$ _____

Expected Future Earnings: \$ _____ \$ _____

TOTAL SPONSORSHIP: \$ _____ \$ _____

Agency Sponsor (government / educational institute / scholastic organization)

Documentation Needed: Letter from sponsor stating intent to cover student's expenses. If scholarship does not cover all living expenses and tuition costs, complete section on personal sponsor for expenses not covered.

Name of Agency Sponsor: _____

Contact Person at Agency: _____

Address of Agency Sponsor: _____

APPLICANT'S DECLARATION: I certify that the above information is correct and complete. I shall notify the UW-Madison School of Pharmacy of any changes in my financial support. I understand that any misrepresentation may result in the university revoking my acceptance or terminating my enrollment.

Signature of Applicant _____ Date (month/day/year) _____