UNIVERSITY OF WISCONSIN-MADISON  
SCHOOL OF PHARMACY  
Fall 2020 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 (2020-2021):  

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Expenses for Calendar Year</td>
<td>$ 21,500</td>
</tr>
<tr>
<td>Full-time Tuition (Fall and Spring) Terms</td>
<td>$ 46,000</td>
</tr>
</tbody>
</table>

Total living expenses + 9-month tuition $ 67,500

*The living expenses listed above includes SHIP (Student Health Insurance Plan)

Summer School Tuition [OPTIONAL] variable

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 2020-2021 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

<table>
<thead>
<tr>
<th>NAME:</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Surname (family name) (LAST NAME)</td>
<td>First (given name)</td>
<td>Middle</td>
</tr>
</tbody>
</table>

- Gender: **□** Male  **□** Female
- Campus Identification Number (if known): __________________________
- Date of Birth (month/day/year): __________________________
- Anticipated Term of Admission (check one and complete year): **□** Fall /Year _______
- City and Country of Birth: __________________________
- 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: $67,500.

<table>
<thead>
<tr>
<th>SPONSOR #1</th>
<th>SPONSOR #2</th>
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</thead>
<tbody>
<tr>
<td>Name of Sponsor:</td>
<td></td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td></td>
</tr>
<tr>
<td>Amount on Deposit: $</td>
<td></td>
</tr>
<tr>
<td>Expected Future Earnings: $</td>
<td></td>
</tr>
<tr>
<td>TOTAL SPONSORSHIP: $</td>
<td></td>
</tr>
</tbody>
</table>

- **□** 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.

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<table>
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<tbody>
<tr>
<td>Name of Agency Sponsor:</td>
<td></td>
</tr>
<tr>
<td>Contact Person at Agency:</td>
<td></td>
</tr>
<tr>
<td>Address of Agency Sponsor:</td>
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</tbody>
</table>

**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) __________________________