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 PharmD 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 (2021-2022):

<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 &amp; Fees (Fall and Spring)</td>
<td>$48,000</td>
</tr>
<tr>
<td>Total living expenses + 9-month tuition</td>
<td>$69,500</td>
</tr>
</tbody>
</table>

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 2021-2022 school year. Tuition increases may occur for future school years. Summer School attendance is optional with the exception of the 4th 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

Students who will be accompanied by a spouse and/or children should contact the PharmD Admission Office for information about additional costs.
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): __________________________________________

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 PharmD 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 PharmD Study: $69,500.

<table>
<thead>
<tr>
<th>SPONSOR #1</th>
<th>SPONSOR #2</th>
</tr>
</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.

| 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) __________________________