Doctor of Pharmacy Program
SCHOOL OF PHARMACY
UNIVERSITY OF WISCONSIN–MADISON

Fall 2023 UW-Madison PharmD Financial Verification Form

NAME _____
Surname (Last) First Middle

ADDRESS _____

_____

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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) 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 Team 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 (2023-2024):

Living Expenses for Calendar Year	$ 20,000
Full-time Tuition & Fees (Fall and Spring)	$ 48,000
Total Living Expenses + Fall & Spring Tuition	**$ 68,000**

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

Summer School Tuition [OPTIONAL] variable

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 2023-2024 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

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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 Campus Identification Number (if known): _____

Date of Birth (month/day/year): _____ Anticipated Term of Admission: Fall 2023

City and Country of Birth: _____

Country of Citizenship: _____

Permanent Foreign Address (Required): _____

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_____

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: $68,000 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) _____