



STATEMENT OF FINANCIAL RESPONSIBILITY

University of the Pacific Office of Admission-Pharmacy Processing

3601 Pacific Ave, Stockton, CA 95211 • Phone: (209) 932.3600

International students requiring nonimmigrant visas are required to certify that they have sufficient financial resources to cover each year of their intended stay in the United States.

A complete statement of financial responsibility consists of:

1. Statement of financial responsibility form
2. Affidavit of support form (for students receiving financial support)
3. A current financial document validating available funds of greater than or equal to USD \$112,535 (estimated cost of attendance for pharmacy academic year 2021-2022)

A second Bank verification will be required within 6 months of matriculation for admitted students

Bank verification requirements:

1. Financial document must be written on the financial institution's official letterhead.
2. Financial document must be written in English.
3. Financial document must verify student has an account balance of at least \$112,535(actual balance does not need to be disclosed).
4. Student and/or sponsor name must be on the document.

I, _____, (Date of Birth: _____ / _____ / _____) certify that
First Name Family Name Month / Day / Year

Source of Funds

Self/Family

\$ _____

Official letter of recommendation or financial guarantee from the bank is required. See details above.

Government/Foreign Embassy

\$ _____

Letters of sponsorship must show the term you are applying for admission, the academic major/field of study to be sponsored, and the length of sponsorship

Scholarship/Loan

\$ _____

Submit official award letter or loan approval form

Other Source

\$ _____

Please Explain: _____

Total I certify that the information I have provided is accurate and complete **\$ to the best of my knowledge.**

*Total must be greater than or equal to USD \$112,535.

Applicant's Signature

Date

Return completed forms and original financial documents to:

University of the Pacific, Office of Admission -Pharmacy Processing
3601 Pacific Ave, Stockton, CA 95211

AFFIDAVIT OF SUPPORT

***International
Programs and Services***
**3601 Pacific Avenue
Stockton, CA 95211
Tel 209.946.2246
Fax 209.946.2094
ips@pacific.edu**

I, _____ agree to provide complete financial support for
(Name of Financial Supporter)
_____, who is my _____, throughout his/
(Name of Student) (Relationship to Supporter)

her academic program at University of the Pacific. This financial support will include tuition, room, board, insurance, books, supplies, and other items necessary for a successful academic career.

I affirm that the attached bank statement is a true reflection of my commitment to support the individual named above throughout his/her academic program at University of the Pacific.

Name of Financial Supporter: _____

Signature of Financial Supporter: _____

Date: _____

Please send the completed affidavit and an original bank statement issued within the last six months to:

University of the Pacific
Office of Admission-Pharmacy Processing
3601 Pacific Avenue
Stockton, CA 95211
United States