Washington State University requires that all F-1 and J-1 visa applicants provide proof of finances (money) through any combination of personal or sponsored funding. The amount of money to be shown is the estimated total of tuition and other expenses for one (1) year for Doctor of Pharmacy (PharmD) study at Washington State University (WSU).

• **If you will provide finances from personal or family funds**, a bank letter with sufficient funding is required. The bank letter must be in English and clearly detail the account owner and available funds.

• **If an employer, government, or organization will provide funding,** a signed financial guarantee letter from the sponsor detailing amounts and length of sponsorship is required. This **Certificate of Finances** form can accompany the guarantee letter from the sponsor, but not replace it.

All personal bank and sponsor letters must be dated within six (6) months of the date of confirmation.

<u>You</u> are responsible for all payments, even if you are sponsored by your family, government, or other agency. Please review the estimated expenses below:

Pharmacy and Pharmaceutical Sciences Financial Estimate 2023-24		Additional Expenses	
Tuition & Fees	$30,104	Summer 2024	$5,119
Living Expenses	$12,598	**Total Calendar Year**	**$53,488**
Books & Supplies	$1,179		
Medical Insurance	$2,296	**Dependents**	
Miscellaneous/Other	$2,192	Spouse	$10,915
Total	**$48,369**	One Child	$4,975
		Each Additional Child	$3,900/Child

Please PRINT, in black or blue ink, the name(s) who will be paying the above expenses. **Note:** The name or agency listed below must match the name on the certified bank or sponsor letter. **Enter all amounts in U.S. dollars only.** Use an additional sheet of paper for explanations if necessary.

Personal Finances: U.S. $ _____

Parent/Family Finances: U.S. $ _____

Name(s): _____ Relationship _____

Address

_____
Number and Street   City   State/Province   Country   Postal Code

Telephone _____

Government or Sponsoring Agency: U.S. $ _____

Name of Agency _____

Enclose with this form a signed, dated official letter of guarantee or award

Other: _____ U.S. $ _____

Student Name: _____ Student ID#: _____ Term/Session Applied for: _____

Student signature (required): _____ **Date:** _____