

**CHICAGO STATE UNIVERSITY**

**College of Pharmacy  
Supplemental Packet  
for  
International Applicants**

9501 S. King Drive  
Douglas Hall, Room 206  
Chicago, IL 60628-1598  
Tel: 773. 821.2500  
Fax: 773. 821.2595  
Email: [pharmacy@csu.edu](mailto:pharmacy@csu.edu)  
[www.csu.edu/college of pharmacy](http://www.csu.edu/college%20of%20pharmacy)



**FALL 2015**

Chicago State University  
College of Pharmacy  
9501 S. King Drive  
Douglas Hall, Room 206  
Chicago, IL 60628-1598

## CERTIFICATE OF SPONSORSHIP

Name of Student \_\_\_\_\_  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle \_\_\_\_\_

Do not sign this certificate **until** you have an authorized notary public ready to witness your signature.

I, \_\_\_\_\_ of \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
(City/Town) \_\_\_\_\_ (Province) \_\_\_\_\_ (Country) \_\_\_\_\_

hereby declare my intentions to undertake full financial responsibility and all other liabilities for  
\_\_\_\_\_ during his/her education and stay in the United States.

\_\_\_\_\_  
Print Name (Sponsor) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by Notary Public:

I, \_\_\_\_\_, a notary public appointed in \_\_\_\_\_,

do hereby certify that \_\_\_\_\_ is the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that he/she signed and delivered the said instrument as his/her free and voluntary act for the uses and purposes therein set forth.

Given under my hand and official seal,

this \_\_\_\_\_ day of \_\_\_\_\_ (month) in the year \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary \_\_\_\_\_ SEAL \_\_\_\_\_

# Financial Statement for International Students

Each student must be prepared to accept full responsibility for the expenses incurred while studying in the United States. The following figures indicate the minimum amount for one academic year of study and twelve months of living expenses. **(Yearly costs are subject to change.)**

## ESTIMATE OF YEARLY COSTS

|                |             |                  |           |                  |             |
|----------------|-------------|------------------|-----------|------------------|-------------|
| Tuition & Fees | \$38,010.00 | Transportation   | \$900.00  | Housing & Food   | \$10,951.00 |
| Miscellaneous  | \$3,000.00  | Health Insurance | \$1106.00 | Books & Supplies | \$1,800.00  |

**Estimated Total Costs = \$55,767**

**Indicate Source of Funds Assured** (*Amounts in US dollars*) Student

Name \_\_\_\_\_  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Personal Savings \$ \_\_\_\_\_  
Name and address of Bank \_\_\_\_\_

Enclose with the form a statement from an officer of the bank certifying that the funds indicated are available.

Employment (if applicable) Salary \$ \_\_\_\_\_  
Name and address of Employer \_\_\_\_\_

Enclose with the form a statement from your employer indicating the nature, duration of employment and salary paid.

Personal Sponsor Amount \$ \_\_\_\_\_  
Name and address of sponsor \_\_\_\_\_

Relationship of Sponsor to student \_\_\_\_\_  
Enclose with this form a notarized statement from sponsor indicating the accuracy of this entry and documented evidence that the sponsor has the funds available.

Governmental Sponsor (if applicable) Amount and duration of award \$ \_\_\_\_\_  
Name and address of Agency \_\_\_\_\_

Enclose a signed copy of your award letter.

## CERTIFICATION

I certify that the financial information provided on this form is a true and accurate statement of resources available to me. For my first academic term at Chicago State University College of Pharmacy, I have a total amount of \$ \_\_\_\_\_ available to me and a total of \$ \_\_\_\_\_ available for each subsequent year. Evidence of these resources is attached in the form of an affidavit of sponsor support, bank, employer, and/or award letter.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Notary \_\_\_\_\_

SEAL \_\_\_\_\_

## **ILLINOIS RESIDENCY**

The university shall determine the residency status of each student enrolled in the university for the purpose of determining whether the student is assessed in-state or out-of-state tuition. Each applicant for admission to the university shall submit, at the time of application, evidence for determination of residency. The office responsible for admissions shall make a determination of residency status. To be considered a resident, an adult student must have been a bona fide resident of Illinois for a period of at least six consecutive months immediately preceding the beginning of any term for which the individual registers at the university and must continue to maintain a bona fide residence in Illinois.

### **Residency Appeal Procedure**

Students who take exception to their residency status classification shall pay the tuition assessed, but may file a claim in writing to the Registrar's Office for reconsideration of residency status. The written claim must be filed within thirty (30) calendar days from the date of the tuition bill or the student loses all rights to a change of residency status for the term in question. If the student is dissatisfied with the ruling in response to the written claim made within said period, the student may file a written appeal within ten (10) calendar days of receipt of the decision to the Registrar's Office. Such written appeals shall be forwarded to the Provost, who shall consider all evidence submitted in connection with the case and render a decision which shall be final.

Please TYPE or PRINT legibly.

# International Data Sheet

PLEASE READ ALL THE INSTRUCTIONS BEFORE FILLING OUT THIS FORM. Complete ALL sections of the application.

**STUDENT'S NAME**

Family (Last) Name \_\_\_\_\_ First (Given) Name \_\_\_\_\_ Middle \_\_\_\_\_

**SPOUSE'S NAME** (If applicable)

Family (Last) Name \_\_\_\_\_ First (Given) Name \_\_\_\_\_ Middle \_\_\_\_\_

**PERMANENT ADDRESS**

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_ @ \_\_\_\_\_ **POSTAL** \_\_\_\_\_

**NAMES OF DEPENDENT CHILDREN** (If applicable)

1st Child's Name \_\_\_\_\_ Age \_\_\_\_\_ 3rd Child's Name \_\_\_\_\_ Age \_\_\_\_\_

2nd Child's Name \_\_\_\_\_ Age \_\_\_\_\_ 4th Child's Name \_\_\_\_\_ Age \_\_\_\_\_

**COUNTRY OF BIRTH** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_ **Date of Marriage** (If applicable) \_\_\_\_\_

**GENDER** Male \_\_\_ Female \_\_\_ **DATE OF BIRTH** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **INTENDED MAJOR** \_\_\_\_\_

**TOEFL Score** (If taken) \_\_\_\_\_ Date \_\_\_\_\_ **SEMESTER for which you are applying** (Check one) FALL (August) \_\_\_ SPRING (January) \_\_\_

**If you are ALREADY IN THE UNITED STATES, please answer the following questions**

When did you enter? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ If you currently have an "F1" Visa, which school issued it? \_\_\_\_\_

**SECONDARY SCHOOLS and COLLEGES/UNIVERSITIES ATTENDED, list all in chronological order.**

| Name of School/College/University | Location | Attended (from/to) | Certificate/Degree | Date Awarded |
|-----------------------------------|----------|--------------------|--------------------|--------------|
| _____                             | _____    | _____              | _____              | _____        |
| _____                             | _____    | _____              | _____              | _____        |
| _____                             | _____    | _____              | _____              | _____        |

**IN US DOLLARS, what amount of money is available to you to cover your tuition and other educational expenses each year?** \$ \_\_\_\_\_

**Who/What is the source of these funds?** \_\_\_\_\_

**STUDENT'S SIGNATURE**

I certify that the above statements are true and complete to the best of my knowledge.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

# International Transfer Verification Form

Please complete the top portion of this form. The remainder of the form must be completed by your International Advisor, or a designated school official at the institution you are presently attending or previously attended.

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|                        |               |
|------------------------|---------------|
| Name                   | Student ID    |
| Country of Citizenship | Date of Birth |

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I, hereby give my permission for \_\_\_\_\_  
Present school  
to release the following information to Chicago State University.

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|                     |      |
|---------------------|------|
| Student's signature | Date |
|---------------------|------|

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**To the International Student Advisor:**

Please complete the following for the above student and return to:  
Chicago State University, 9501 South King Drive, DH 206 Chicago, Illinois 60628-1598  
773-821-2570/ Fax 773-995-3965

Student's Status: \_\_\_\_\_ F-1 ( ) Other ( )  
Please explain other: \_\_\_\_\_

**Please check the appropriate answer:**

|  |         |        |
|--|---------|--------|
| To your knowledge is the student in compliance with all immigration regulations? | YES ( ) | NO ( ) |
| Is the student in good academic standing?  | YES ( ) | NO ( ) |
| Has the student pursued a full time course of study?                             | YES ( ) | NO ( ) |
| Has the student met all financial obligations at your institution?               | YES ( ) | NO ( ) |
| Is the student currently enrolled?   | YES ( ) | NO ( ) |

Please indicate the date and semester of the student's last attendance: \_\_\_\_\_ / \_\_\_\_\_

Please list any periods of practical training: \_\_\_\_\_  
Date From: \_\_\_\_\_ Semester To: \_\_\_\_\_

Did your institution issue the I-20? YES ( ) NO ( )  
Is the student eligible to continue at your institution? YES ( ) NO ( )  
Please indicate the release date of student in SEVIS: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Any additional comments would be greatly appreciated.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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|                              |      |
|------------------------------|------|
| Signature of School Official | Date |
|------------------------------|------|

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|                |              |
|----------------|--------------|
| Name of School | Phone Number |
|----------------|--------------|

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