

CHICAGO STATE UNIVERSITY

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

9501 S. King Drive
Douglas Hall, Room 3083
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FALL 2018

Chicago State University
College of Pharmacy
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Douglas Hall, Room 3083
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	\$39,409.00	Transportation	\$900.00	Housing & Food	\$10,951.00
Miscellaneous	\$3,000.00	Health Insurance	\$1,334.00	Books & Supplies	\$1,800.00

Estimated Total Costs = \$57,394

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.