

**INSTRUCTIONS:** Please complete all sections of this form. Your Certification of Finance form needs to be submitted to California Northstate University (CNU) before your application decision can be finalized. Please attach an original bank statement and/or funding award letter to this form and return it directly to the Student Financial Aid Office, 9700 West Taron Drive, Elk Grove, CA 95757.

Certification of Finance should reflect at least the following amounts of support. Please see table below for current tuition and fees. You must demonstrate financial support for current academic year at the time of initial application. International students must present evidence of adequate funds available to meet financial obligations at California Northstate University. CNU will not be able to issue an I-20 until this form is received. For further detailed instructions on how to complete this form, please contact JoAnne Hansana, Financial Aid Manager at 916-686-8784 or [jhansana@cnsu.edu](mailto:jhansana@cnsu.edu).

### Doctor of Pharmacy - Tuition & Fees per Year for 2020-2021

Tuition & Fees	Amount	Class
Tuition	\$49,000.00	P1, P2, P3, P4
Student Activity Fee	\$100.00	P1
Pharmacy Lab Fee / Skill Lab Fee	\$500.00	P1, P2, P3
Technology Fee	\$100.00	P1, P2, P3
Professional Career Development Fee	\$60.00	P1, P2, P3
Orientation Fee	\$75.00	P1
BCLS/CPR Certification Fee	\$30.00	P1, P3
Aseptic Compounding Certification Fee/Pharmacists Letter Training	\$70.00	P1
White Coat Ceremony Fee	\$90.00	P1
Immunization Certification Fee	\$95.00	P1
Student Activity Fee	\$200.00	P2, P3
Naplex Review	\$250.00	P3
Graduation Fee	\$500.00	P4
<b>P1 Total Tuition &amp; Fees per Year</b>	<b>\$50,120.00</b>	
<b>P2 Total Tuition &amp; Fees per Year</b>	<b>\$49,860.00</b>	
<b>P3 Total Tuition &amp; Fees per Year</b>	<b>\$50,140.00</b>	
<b>P4 Total Tuition &amp; Fees per Year</b>	<b>\$49,500.00</b>	

Total Tuition & Fees for entire 4-year Doctor of Pharmacy program ranges from \$199,630 to \$210,000<sup>1</sup>

Estimated Other Optional Educational Related Costs <sup>2</sup>	Amount	Class
Health Insurance premium <sup>3</sup>	\$3,200.00	P1, P2, P3, P4
Books and Supplies <sup>4</sup>	\$1,600.00	P1, P2, P3, P4
Background check/Drug Screen/Health-related costs <sup>5</sup>	\$500.00	P1, P2, P3, P4
Room and Board (based on 10 months) <sup>4</sup>	\$20,972.00	P1, P2, P3
Transportation (based on 10 months) <sup>4</sup>	\$4,025.00	P1, P2, P3
Room and Board <sup>4</sup> (based on 12 months) <sup>4</sup>	\$25,166.64	P4
Transportation (based on 12 months) <sup>4</sup>	\$4,648.00	P4
<b>P1 Total Estimated Cost per Year<sup>6</sup></b>	<b>\$80,417.00</b>	
<b>P2 Total Estimated Cost per Year<sup>6</sup></b>	<b>\$80,157.00</b>	
<b>P3 Total Estimated Cost per Year<sup>6</sup></b>	<b>\$80,437.00</b>	
<b>P4 Total Estimated Cost per Year<sup>6</sup></b>	<b>\$84,796.64</b>	

<sup>1</sup>Based on estimated annual tuition increases of 3% to 5%. This estimate is not binding on the University.

<sup>2</sup> Costs and expenses a student may incur as part of participating in the applicable year of the PharmD program, whether or not paid directly to CNUCOP. These expenses include estimated costs of living.

<sup>3</sup> Optional, estimated, and will vary based on number of insured members.

<sup>4</sup> Estimated amounts.

<sup>5</sup> Estimated cost of specific IPPE/APPE site requirements, including but not limited to physical exam, immunization, etc.

<sup>6</sup>Includes tuition, fees, and other estimated educational related costs.

1. Name

Mr.  Ms.  Mrs.  Miss

\_\_\_\_\_  
Last (family surname) First (birth given) Middle

2. Permanent Address

\_\_\_\_\_  
\_\_\_\_\_

3. Mailing Address (if different than above)

\_\_\_\_\_  
\_\_\_\_\_

4. Date of Birth

\_\_\_ / \_\_\_ / \_\_\_

5. Place of Birth (country)

6. Country of Citizenship

7. Expected Visa Type

F-1 \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

8. Enter the expected amount of annual support from the source listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use additional sheet of paper for explanations, if necessary.

Student's Source of Funds	Actual Fund		Estimated Fund	
	2020-21	2021-22	2022-23	2023-24
8a. Personal or Family Savings	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00

\_\_\_\_\_  
Signature of Bank Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address of Bank

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the application on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8b. Parents (Money available from source other than savings)

\_\_\_\_\_  
Parent's Name \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00

Relationship \_\_\_\_\_

Please describe the source:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

**Official Certification of Source of Funds and Amounts**

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

**8c. Parents** (Money available from source other than savings)

\_\_\_\_\_ \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00  
Sponsor's Name

\_\_\_\_\_ \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00  
Sponsor's Name

Please describe the source:

\_\_\_\_\_  
**Signature of Sponsor**

\_\_\_\_\_  
Date

**Address**

\_\_\_\_\_  
Relationship of Sponsor to Student

**Official Certification of Source of Funds and Amounts**

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

**8d. Your Government**

\_\_\_\_\_ \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00  
Name of Agency

Enclose a signed copy of your letter of award with this form.

**Total** \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00

**9. What is the present exchange rate of your country's currency to the U.S. dollar?**

(For example, 3,100 pesos = \$1)

\_\_\_\_\_ = \$1

**10. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?**

No  Yes

**If YES, describe restrictions.**

**11. Do you have a source for emergency funds once you arrive in the U.S.?**

No  Yes

**If YES, name source.**

\_\_\_\_\_ **Amount available in U.S. dollars** \$ \_\_\_\_\_ .00

**12. How will you pay for your transportation to the U.S.?**

**13. What is the total amount of money you expect to have when you arrive at this institution?**

\$ \_\_\_\_\_ .00

**14. Do you plan to remain in the U.S. during the summer?**

No  Yes

**15. If remaining in the U.S., do you plan to attend summer school?**

No  Yes

**16. What are the sources and amounts of support available to you during the summer?**

\_\_\_\_\_ \$ \_\_\_\_\_ .00  
\_\_\_\_\_ \$ \_\_\_\_\_ .00  
\_\_\_\_\_ \$ \_\_\_\_\_ .00  
\_\_\_\_\_ \$ \_\_\_\_\_ .00

**17. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. Consul to obtain a visa.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

I certify that the information on this form is true, correct and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

**FOR OFFICE USE ONLY**

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility

SIGNATURE OF COLLEGE OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_