

PACIFICA

GRADUATE INSTITUTE

CONFIDENTIAL FINANCIAL STATEMENT
M.A. and Ph.D. in Depth Psychology with Specialization in
Integrative Therapy and Healing Practices

This form is to be **completed and returned to the Registrar at Pacifica Graduate Institute, 249 Lambert Road, Carpinteria, CA 93013**. A copy of this statement will be kept in your student file, and the original will be returned to you with the Certificate of Eligibility, SEVIS Form I-20. Both the I-20 and this form must be presented to the American Consul for visa issuance.

Estimated cost for each of the three years of graduate study and living expenses:

Tuition and Books	\$28,500
Residential Fees	5,000
Living Expenses	19,000
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	\$52,500

For the first year add moving fees and the cost of an auto (minimum **\$2,500**).
If a wife, husband or dependent children are to accompany you, add **\$4,000** per individual.

Name _____
(Last) (First)

Country of Citizenship _____

Country of Birth _____ Date of Birth _____
month/day/year

Will a spouse or children accompany you to the United States? ___ No ___ Yes
If yes, give name and if children, their ages: _____

Are there government restrictions on the amount of money a person may take out or receive from your country? ___ No ___ Yes If yes, explain: _____

FINANCIAL STATEMENT

Please state below the sources of financial support for **each** of the years you will be attending the Institute. Bank statements are acceptable providing they state the sum equivalent in U.S. dollars.

1. **Personal Funds of Applicant:** (In U.S. Dollars) _____

This is to certify that the above amount will be paid from my own financial resources each year for three years:

DATE__Signature of Applicant _____

To be signed by BANK OFFICIAL:

This is to certify that the person named above has the financial resources to meet this commitment:

DATE__Signature of Bank Official _____

Name and Address of Bank _____

2. **Family Funds from Abroad:** (In U.S. Dollars) _____

This is to certify that I will provide the applicant the above amount each year for three years.

DATE__Signature of Family Member _____

To be signed by BANK OFFICIAL:

This is to certify that the sponsor named above is financially capable of meeting this commitment.

DATE__Signature of Bank Official _____

Name and Address of Bank _____

3. **Funds from Another Source:** (In U.S. Dollars) _____

Specify type/source _____

Please attach to this form a verified statement of award, loan or sponsorship:

To be signed by BANK OFFICIAL:

This is to certify that the sponsor named above is financially capable of meeting this commitment.

DATE__Signature of Bank Official _____

Name and Address of Bank _____