



Admissions Department
1600 East Hill Street, Building #1, Signal Hill, CA 90755 USA Phone:
(562) 988-2278, Fax: 562-988-1791, <http://www.auhs.edu>

American University of Health Sciences

INTERNATIONAL STUDENT FINANCIAL STATEMENT

If a student visa is required to enroll, submission of the International Student Financial Statement and official bank statements in English that verify a total cost of attendance per academic year indicated under **Total Financial Verification** Part II is required upon enrollment.

Please complete and return with required documentation.

PART I: APPLICANT INFORMATION

- AUHS ID # _____ (if unknown, please leave blank)
- Name of applicant: Mr. Ms _____ / _____ / _____
Family/last name First name Middle name
- Permanent address in home country _____
- Major field of study (see list of academic offerings) _____
- Birth date (month/day/year) _____ / _____ / _____ Country of citizenship _____ Country of birth _____
- A student wishing to have his/her family member(s) accompany him/her must document the following amounts for each family member per calendar year of intended study: Spouse: \$8,000 per calendar year; each child: \$6,000 per calendar year.

I plan to come without dependents. _____

The following dependents will accompany me (list names and relationships):

PART II: FINANCIAL STATEMENTS

All F1 and J1 international applicants must document their ability to meet all educational and living expenses for the first year of intended study before the University can issue a Certificate of Visa Eligibility (form I-20 or DS-2019).

Please complete part II completely and attach the appropriate documentation required.

All documentation must be dated within one year of the date of initial enrollment at American University of Health Sciences. Funds should be cash assets such as cash in a savings account, stocks or bonds, short-term annuities, or certificates of deposit with expiration date indicated. Cash assets must be verified by submitting bank statements or similar statements showing specific amounts. If funds are in a currency other than US dollars, we will do the conversion.

COST OF ATTENDANCE

PROGRAM	Tuition	Fees	Books/Supplies	Room & Board	Total Financial Verification**
Bachelor of Nursing (BSN)	\$21,420* (36 units)	\$3,155	\$1,500	\$19,568	\$45,643**
Bachelor of Science in Pharmaceutical Sciences (BSPS)	\$21,420* (36 units)	\$3,715	\$1,500	\$19,568	\$46,203**
Master of Science in Clinical Research (MSCR)	\$19,337*	\$1,915	\$1,500	\$19,568	\$42,320**
Master of Science in Nursing (MSN)	\$26,562*	\$4,461	\$1,500	\$19,568	\$52,091**
Doctor of Pharmacy (PHARM D)	\$45,000*	\$1,953	\$1,500	\$19,568	\$68,021**

*Tuition is based on units listed. If more units are taken in the academic year, cost will increase.

**This is the cost of attendance for I-20 students per academic year, subject to change without an advanced notice.

Total Financial Verification to attend American University of Health Sciences is listed in the above table by program (as of October 2021, subject to change). This is an estimate of our annual education and living costs for international students. You must document financial support equal to or greater than this amount. This estimate is subject to change without notice, and usually increases each year. The University requires students on F-1 visas to enroll in a health and accident insurance policy.

Source of Funds	Required Documentation/Official Verification	Year 1 (please complete in US Dollars)
Personal	1. Applicant's Signature (PART III) 2. At least 3 months prior to the program, recent official bank statements in English, verifying funds and showing specific amounts	\$

Name of applicant:

☐ Mr. ☐ Ms. _____ / _____ / _____ Date of birth _____ / _____ / _____
 Family/Last name First name Middle name

Family/Relative(s)/Sponsor	1. Signature and indication of relationship on PART III 2. Official bank statements in English verifying funds and showing specific amounts	\$
Scholarship(s)	1. Official scholarship letter(s) from institution awarding scholarship. <u>Letter</u> must contain: • Name of applicant • Amount of money available for each year of study • Duration of award (start and end dates) • Degree and <u>major</u> field of study for which <u>award</u> is tenable	\$
Government or Employer	1. Official letter of support. <u>Letter</u> must contain: • Name of applicant • Amount of money available for each year of study • Duration of award (start and end dates) • Degree and major field of study for which support is <u>provided</u> 2. Official bank statement(s), affidavit(s), and/or sworn statement(s) in English 3. Signature(s) of government or employer on this form (Section III)	\$
Loans	1. Official letters from credit institutions indicating approval of <u>loans</u> and the amounts approved	\$

PART III: VERIFICATIONS

Family/Relative/Sponsor/Government or Employer Signatures

This is to certify that I (we), the undersigned, have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at American University of Health Sciences and that I am (we are) submitting official bank statements in English indicating the availability of these funds.

Name _____ Signature _____ Date _____ Relationship to applicant _____

Name _____ Signature _____ Date _____ Relationship to applicant _____

Name _____ Signature _____ Date _____ Relationship to applicant _____

Applicant's Signature _____ Date _____ / _____ / _____

This is to certify that the information given on this form is complete and accurate to my best knowledge. I am fully aware that any false or misleading statement(s) will result in an automatic denial of admission or cancellation of registration following enrollment.

American University of Health Sciences reserves the right to require additional financial documentation and/or prepayment from applicants whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Applicants from such countries will be notified of specific requirements when they have submitted complete applications.

Applicant's signature _____ Date _____ / _____ / _____

Please be sure to sign and date this form. Did you check all applicable boxes and answer all questions?
Please make a copy of this form and all attachments for your records. Please return this form with all additional documentation directly to:

ADMISSIONS DEPARTMENT

AMERICAN UNIVERSITY OF HEALTH SCIENCES

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