Verification of Financial Assistance for International Students

International students must show funding for one academic year prior to the Graduate Admissions Office issuing an I-20 (the document needed to obtain a visa). Part or all of this funding may come from personal funds, private sponsor, government agency, and your department. The information you supply on this form will be used by our office to complete the financial portion of the I-20.

Please complete this verification sheet and return it to the Graduate Admissions Office, Campus Zip: 3019. Please contact the Graduate Admissions Office if you have any questions (885-4001).

DEPARTMENT: _______________________________________________________

APPLICANT: ___________________________ ID #: _______________________

DEGREE: __________ MAJOR: ___________________________________________

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Estimated expenses for one academic year (2017-18)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$25,488</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$10,188</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$1,292</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$3,230</td>
</tr>
<tr>
<td>Required Insurance</td>
<td>$1,902</td>
</tr>
<tr>
<td>Total</td>
<td>$42,100</td>
</tr>
</tbody>
</table>

Add $6,500 for Summer Session
Add $10,000 for Spouse
Add $7,200 for each child

A. Please note the kind of financial assistance you will be giving this student:

□ GTA (Full) □ GTA (1/2) Stipend Amount $______________

□ GRA (Full) □ GRA (1/2) Stipend Amount $______________

□ Other appointment (please specify, may need COGS approval):

___________________________________________________________

For GTA’s, In-State Tuition and Graduate Fees are paid by □ COGS □ Department

• If Department is paying **add** this amount into line C:
  1 semester-$4,432, 1 year-$8,864

B. This funding is for: □ 1 semester □ 1 academic year

C. Total dollar amount of additional department funding $____________

Signature of faculty member completing this form __________________________ Date _______________________

Signature of Director of Graduate Studies (DGS) *Required __________________________ Date _______________________