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 (2014-15)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$21,812</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$9,692</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$1,232</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$2,934</td>
</tr>
<tr>
<td>Required Insurance</td>
<td>$1,958</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$37,628</strong></td>
</tr>
</tbody>
</table>

Add $5,646 for Summer Session
Add $9,500 for Spouse
Add $6,800 for each child

A. Please note the kind of financial assistance you will be giving this student:
   □ TA (full)  □ RA(full)  □ TA (1/2)  □ RA(1/2)
   □ Other (please specify)________________________________

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

C. Please give the TOTAL dollar amount of the departmental funding  _$____________
   *Do not include the Non-Resident Tuition Waiver in this amount. The NRTW will be determined by the length of the TA/RA funding:
   1 semester-$6,538 waiver, 1 year-$13,076 waiver

D. Is the financial assistance renewable upon satisfactory academic progress and performance?  Please specify.

_________________________________________________    _____________________
Signature of faculty member completing this form   Date

_________________________________________________    _____________________
Signature of Department Chair     Date