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:__________________________________________________

Estimated expenses for one academic year (2017-18)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$25,488</td>
<td>Add $6,500 for Summer Session</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$10,188</td>
<td>Add $10,000 for Spouse</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$1,292</td>
<td>Add $7,200 for each child</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$3,230</td>
<td></td>
</tr>
<tr>
<td>Required Insurance</td>
<td>$1,902</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$42,100</td>
<td></td>
</tr>
</tbody>
</table>

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-$8,162 waiver, 1 year-$16,324 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 Director of Graduate Studies (DGS) *Required     Date