## University of Idaho Graduate Admissions Office

## **Verification of Financial Assistance for International Students**

\*This is an internal form – please email to Graduate Admissions for processing at gadms@uidaho.edu

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 t  | For one academic year (20)   | 23-24)   |                |
| Tuition and Fees Room and Board Books and Supplies Personal Expenses Required Insurance Total | \$30,084<br>\$10,380<br>\$1,232<br>\$5,159<br>\$2,160<br>\$49,015  | Add \$5,634 for Su<br>Add \$11,500 for S<br>Add \$7,700 for ea | Spouse         |
| □ GTA (Full) □ GT   | ind of financial assistance<br>A (1/2) Stipend Amount  | \$   |                |
| ` ´   | RA (1/2) Stipend Amount  |  | _              |
| ☐ Other appointmen  | t (please specify, may nee   | d COGS approv  | al):           |
| The NRTW v 1 semester-\$9  For GTA's, In-State  If Departmen                                  | le the Non-Resident Tuition vill be determined by the leading of t | ength of the GT<br>236 waiver<br>s are paid by $\square$       | A/GRA funding: |
| B. This funding is fo   | r: □ 1 semester □ 1 acad   | emic year  |                |
| C. Total dollar amou  | nt of <u>additional</u> departmen  | nt funding \$  |                |
| Signature of faculty member completing this for   |  | orm  | Date           |
| Signature of Director   | of Graduate Studies (DG  | S) *Required   | Date           |