



# DEPARTMENT FUNDING VERIFICATION FORM

This completed form, supporting financial documentation forms, and a completed Green Sheet Request should be submitted by the STUDENT to: International Services, 101 Hatcher Hall, Baton Rouge, LA 70803 · isosevis@lsu.edu · fax: +1-225-578-1413

This form is used to verify current assistantships, fellowships, scholarships, supplements, and other funding from the student's department or another department on campus. Note: International Services can only change funding for DS-2019s that are issued by LSU and not other sponsoring organizations (J-1s).

**\*\*THIS FORM SHOULD NOT BE FILLED OUT BY THE STUDENT\*\***

This form MUST be filled out by the Department that is providing the funding to the student. Any missing information will result in a delay of processing. Please type or print clearly.

The international student who provided this form to you needs to verify their funding. Please provide academic/yearly totals when appropriate. For summer work please indicate whether the work is/was a student worker position or an assistantship and provide an estimated summer amount. If the student's funding is coming from two different departments, both departments should provide their own funding verification on separate forms. Questions? Contact [isosevis@lsu.edu](mailto:isosevis@lsu.edu).

Name of Department: \_\_\_\_\_

Name of Department Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_ LSU ID Number: \_\_\_\_\_

FAMILY FIRST MIDDLE

**CURRENT FUNDING INFORMATION** - List all LSU sources of support for student for the duration of the current academic year.

SOURCE	ACTUAL AMNT/ DURATION	DATES	WILL BE RENEWED?
Full-Time Assistantship (20 hrs.)	\$ _____ 9 or 12 mos.	_____	Y N
Part-Time Assistantship(s) (10 hrs.)	\$ _____ 9 or 12 mos.	_____	Y N
Graduate School Tuition Award	\$ _____ 9 or 12 mos.	_____	Y N
Graduate Enrichment Award	\$ _____ 9 or 12 mos.	_____	Y N
Graduate Supplement Award	\$ _____ 9 or 12 mos.	_____	Y N
Graduate Enhancement Award	\$ _____ 9 or 12 mos.	_____	Y N
Summer: _____ (Student Worker, Assistantship, etc.)	\$ _____ _____	_____	Y N
Other Award: _____	\$ _____ 9 or 12 mos.	_____	Y N
Personal/Family Funds	\$ _____	<b>Attach recent bank statement or affidavit of support</b>	

ADDITIONAL COMMENTS AND/OR REMARKS: \_\_\_\_\_

By signing this form, I certify that to the best of my knowledge, the information on this form has been reviewed and provided by the department.

**Graduate Advisor/Major Professor/Departmental Advisor/ Departmental Contact:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_