



Department Funding Verification Form

Purpose of form: To verify student’s current funding source(s) from LSU department, college, etc. The student **must** submit this completed form, supporting financial documentation forms, SEVIS form (I-20/DS-2019) and completed Green Sheet request form to International Services, 101 Hatcher Hall, Baton Rouge, LA 70803; isosevis@lsu.edu or fax: +1-225-578-1413.

Note: IS can only change funding for DS-2019s that are issued by LSU and not other sponsoring organizations (J-1s).

PART A: Student information (type or print clearly)

LSU ID (if known): _____ - _____ - _____ E-mail address: _____

Surname: _____ Given Name(s): _____

By submitting this form I certify that I understand that, if I submit an incomplete request form to International Services, I will be contacted for correction(s) or additional information. I also understand that I am responsible for any balance of estimated expenses on the I-20/DS-2019 that are not covered by LSU funding. I authorize that all information provided on this form, including any and all personal, financial, academic data and/or other data may be shared with LSU International Services – International Programs to facilitate the request. This data will be securely retained indefinitely. To learn more about privacy at LSU, please see the LSU Privacy Statement. (www.lsu.edu/privacy)

PART B: This section must be completed by the LSU Department providing student’s funding (type or print clearly)

The student named above needs to verify their funding. **Provide academic/yearly totals.** For summer work, indicate the type 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.

Department Name: _____ Department Phone: _____

Department Contact’s Name: _____ E-mail address: _____

CURRENT FUNDING INFORMATION - List LSU source(s) of support for the duration of the academic year.

SOURCE	AMOUNT	DURATION (circle one)	DATES	IS IT RENEWABLE?
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
Summer (check type below):	\$ _____		_____	Y N
<input type="checkbox"/> Student Worker <input type="checkbox"/> Assistantship <input type="checkbox"/> Other _____				
Other Award (check type below):	\$ _____	9 or 12 mos.	_____	Y N
<input type="checkbox"/> Enhancement <input type="checkbox"/> Enrichment <input type="checkbox"/> Supplement <input type="checkbox"/> Other _____				

ADDITIONAL COMMENTS AND/OR REMARKS: _____

Graduate Advisor / Major Professor / Departmental Contact: *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 and is correct.*

Name: _____ Signature: _____ Date: _____