



# 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).*

## PART A: Student information (please type or print clearly)

Name: \_\_\_\_\_ LSU ID Number: \_\_\_\_\_  
FAMILY FIRST MIDDLE

Major: \_\_\_\_\_ Current Program Level (check one): BS/BA MS/MA PhD

Have you ever had a Supplement or Enhancement Award in the past?  YES  NO  
Do you still have this award?  YES  NO

*By signing this form, I certify that I understand that if an incomplete request form is turned in to International Services, I will be contacted to collect all forms and bring to my department for correction(s).*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART B: Departmental information (please type or print clearly) – This section MUST be filled out by the Department. Any missing information will result in a delay of processing.

Name of Department: \_\_\_\_\_  
Department Address: \_\_\_\_\_  
Name of Department Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Department Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### FUNDING INFORMATION - List all LSU sources of support for student for the duration of the program extension.

| SOURCE   | AMOUNT   | DURATION (please check)                                     | BEG. & END DATE |
|--|----------|---|-----------------|
| Full-Time Assistantship                                | \$ _____ | 9 12 mos.   | _____           |
| Part-Time Assistantship(s)                             | \$ _____ | 9 12 mos.   | _____           |
| Graduate School Tuition Award                          | \$ _____ | 9 12 mos.   | _____           |
| Graduate Supplement Award                              | \$ _____ | 9 12 mos.   | _____           |
| Graduate Enhancement Award                             | \$ _____ | 9 12 mos.   | _____           |
| Summer: _____<br>(Student Worker, Assistantship, etc.) | \$ _____ | _____   | _____           |
| Other Award: _____                                     | \$ _____ | 9 12 mos.   | _____           |
| Personal/Family Funds                                  | \$ _____ | <b>Attach recent bank statement or affidavit of support</b> |                 |

\*\*\*\*\*PLEASE PROVIDE CURRENT COPIES OF ALL AWARD LETTERS FOR ASSISTANTSHIPS, TUITION WAIVERS, GRADUATE SUPPLEMENTS, AND ENHANCEMENT AWARDS\*\*\*\*\*

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: \_\_\_\_\_