

FINANCIAL VERIFICATION

Please check and complete the following as appropriate. Give the total estimated financial support to be provided to the student for the entire period covered by the DS-2019. **ATTACH APPROPRIATE VERIFICATION.** Proof of finances must be attached, e.g., bank statement or letter from sponsoring organization. Failure to do so will delay the preparation process. A signature from the department will suffice as verification if funding is from the University of Kansas.

The University of Kansas:

MUST be signed below by appropriate department if receiving funds from KU

Academic Year Contracted Position: GTA GRA Lecturer

Department/School Employed by: _____

FTE%: 50% 40% 30% 25% 20% Other _____

Term(s): Fall 20 ____ Spring 20 ____

Total Salary for period of appointment indicated above: \$ _____

Tuition/Fee benefits in addition to salary (can check more than one):

Tuition: Student gets Full Tuition Paid (pays no tuition) or Student pays own tuition at In-State Rate

Fees: Student gets All Fees Paid or Student gets Partial Fees Paid (specify) _____

Other _____

Likely Renewable? Yes No

Summer Contracted Position: GTA GRA Lecturer

Department/School Employed by: _____

FTE%: 100% 50% Other _____

Term: Summer 20 ____

Total Salary for entire summer period: \$ _____

Tuition/Fee benefits in addition to salary (can check more than one):

Tuition: Student gets Full Tuition Paid (pays no tuition) or Student pays own tuition at In-State Rate

Fees: Student gets All Fees Paid or Student gets Partial Fees Paid (specify) _____

Other _____

Likely Renewable? Yes No

Scholarship Amount \$ _____ Funds provided by: _____ (dept./school)

Other _____ Amount \$ _____

Signature of Dept _____ **Name** _____ **Phone** _____

U.S. Government Agency: (Do NOT include money received through a U.S. government grant if the funds are not specifically allocated for this individual) (attach proof)

Amount of funding: _____ Source of funding: _____
name of agency

The Exchange Visitor's government: (attach proof)

Amount of funding: _____

The binational Commission of the visitor's country: (attach proof)

Amount of funding: _____

All other organizations providing support: (attach proof)

Amount of funding: _____ Source of funding: _____
name of organization

Personal or Family Funds: (Must provide official statement confirming the amount of funds listed below, e.g., bank statement)

Amount of funding: _____

Signature of student _____ Date _____

Please meet with an ISSS advisor to turn this form in.

International Student and Scholar Services, The University of Kansas, 1450 Jayhawk Blvd Rm 2, Lawrence, KS 66045-7535

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