

## CERTIFICATION OF DEPARTMENT FINANCIAL SUPPORT

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(month/day/year)

*To the student: Please present this form to your academic advisor or department administrator for his or her certification.*

**This student has requested an extension of his or her immigration status in the U.S. To approve the extension, the International Studies Office must confirm that financial support exists for the student to continue study for an extended period.**

### **1. Type of Award (please select one or more):**

Graduate Teaching Assistantship

Graduate Research Assistantship

Fellowship/Scholarship

Other – Please explain: \_\_\_\_\_

### **2. Duration of Award (please provide specific dates):**

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/day/year) (month/day/year)

### **3. Amount of Award:**

*A. Does this award cover tuition, fees and medical insurance?*

Yes  No – Please explain: \_\_\_\_\_

*B. What is the additional stipend or salary provided directly to the student? \$* \_\_\_\_\_

Per Year  Per Month

**I certify that the above statements are true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date Phone Number