



DEPARTMENT FUNDING FORM For Graduate Department Use Only

INSTRUCTIONS:

This form is for use by graduate departments to report the funding decision for an international graduate student (F-1 or J-1 visa categories). This information is necessary before the student's immigration form can be processed.

Once the student has been admitted to FSU by your department:

- Notify the Office of Admissions and
- Report the funding decision to the Center for Global Engagement using this form. Complete all sections of this page that apply, include an original copy of award letter (if applicable)

SEND THIS FORM AND SUPPORTING DOCUMENTS TO: CGE-NewStudents@admin.fsu.edu or FAX 850-644-9951

STUDENT INFORMATION:

Last Name	First Name	Middle Name	EMPLID
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- This form is: An initial submission of the department funding decision.
 A revised form based on new funding information or a revised decision by the department.

- Admitted for Academic Year: 20 _____
- Admitted for Academic Term: Fall Spring Summer* Indicate summer session: A/B C/E D
*If admitted for a summer session, the student must enroll in a full course of study as defined by the Registrar's office.
- Has the student been awarded departmental funding?

- No Please answer the following questions:
- The department has not made any award decisions as of this date: _____ (mm/dd/yyyy)
 We expect to have decisions on assistantships or fellowships by: _____ (mm/dd/yyyy) and will send you a revised Department Funding Form at that time.
- The department does not have available funds and cannot provide the student with any assistantship (waivers, stipend) or fellowship.
- Yes Please indicate the funding details below and send a copy of the award letter with this form to the Center for Global Engagement.

The student will receive \$ _____ as an [annual health insurance subsidy](#). The student will be a
 Graduate Research Assistant Graduate Teaching Assistant

Stipend: The student will receive \$ _____ as an annual stipend.

Waivers - The student will receive a matriculation waiver for:

- 0 18 24 27 hours per year Other _____

The student will receive a **out-of-state waiver** for:

- 0 18 24 27 hours per year Other _____

Continuance of Funding: Will funding continue for the duration of the program, contingent upon satisfactory academic performance, satisfactory performance of assistantship duties, and availability of funds?

- Yes No If no, please explain: _____

Latin American/Caribbean Scholarship: Will the student be awarded a non-duty scholarship of a minimum of \$500 per academic year and designated as a Latin American-Caribbean Scholarship recipient? (more info about LAC at: goo.gl/yhc2R).

- Yes, Specify award amount \$ _____ No

FSU Department Name: _____ Telephone: _____

Department Representative Name: _____ Department Representative E-mail: _____

Name of Department Chair (please print) _____ Signature of Chair _____ Date _____

SHIPMENT OF ADMISSION PACKET & I-20:

The department will pay for UPS shipment please provide the following: Department Budget Number & Fund Code _____
 Purchase Order Number for international mail _____ Purchase Order Number for domestic mail _____

The student will pay shipping.