



Please complete this form if your funding has changed significantly (more than \$5000) or if you are required to show proof of funding for a new degree program or level of study.

Date:

Last Name:  First Name:

Address:

E-mail Address:  Phone Number:

**1. Please select all that apply:**

- A. My funding information has changed.
- B. I have changed to a new degree program or level.

My degree program is:

My degree level is:  Bachelor's  Master's  PhD

Estimated Annual Costs		
	Undergraduate	Graduate
Tuition and Fees	\$21,683	\$20043 (minimum)
Living Expenses	\$13916	\$15,780
Books & Health Insurance	\$3,524	\$3,524
<b>TOTAL</b>	<b>\$39,123</b>	<b>\$39,347 (minimum)</b>

**TO BE COMPLETED BY ACADEMIC ADVISOR**

This student is expected to complete his/her degree by the following semester:  
(Please circle the semester and write in the expected graduation year.)

Fall                      Summer                      Spring                      Year: \_\_\_\_\_

Academic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**2. Funding Information**

Submission of an incomplete application will delay processing.

**SOURCES OF FUNDING**

All Applicants and Sponsors Must Complete This Section. Please provide the funding information that applies to you.

<b>Personal</b> Submit a bank statement or letter that includes: name of account holder, date, amount and type of account, currency, and amount in US dollars. All information MUST be <b>in English OR</b> accompanied by a certified or notarized English translation.	\$ _____
<b>Sponsor</b> Submit a Bank statement no more than 6 months old that includes: Name of Account holder, date, amount, type of account currency, amount available in US dollars.	\$ _____
<b>Florida State University Assistantship/Fellowship</b> Completion of section 3 is required.	\$ _____
<b>Scholarship</b> A copy of the award letter is required.	\$ _____
<b>Other:</b> Specify: _____	\$ _____

**STUDENT STATEMENT**

I certify that the information above is complete and accurate.

Student Signature:

Date: \_\_\_\_\_

**SPONSOR STATEMENT**

I certify that the above information is correct, and that funding in the amount of \$ \_\_\_\_\_ will be available for the first year and each subsequent year of study for the duration of the student's academic program. I have enclosed bank and/or other financial institution verification demonstrating availability of funds for the first year.

Name of Sponsor:  
(please print)

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Sponsor's Signature:

Date: \_\_\_\_\_

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**3. FSU Departmental Funding--For Students Receiving Department Funding Only**

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Last (Family) Name \_\_\_\_\_

First (Given) Name \_\_\_\_\_

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

**Waivers:**

The student will receive a **matriculation waiver** for: (Select one)

0    18    24    27 hours per year    Other \_\_\_\_\_

The student will receive an **out-of-state** waiver for: (Select one)

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-CaribbeanScholarship recipient?

Yes    No   If yes, specify amount of award. \$ \_\_\_\_\_

**Note:** Please forward a copy of the LAC Scholarship Award letter with this form. More information on the LAC Scholarship is available at <http://www.gradstudies.fsu.edu/latin.html> .

Department Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address of Departmental Contact Person: \_\_\_\_\_

Signature of Contact Person:  Date: \_\_\_\_\_