SECTION 1A: Current Immigration Status (REQUIRED)



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Undergraduate Admitted Student Supplement & Financial Verification Form

SECTION 1: Admitted Student Information

| MONTH OF BIRTH: DAY OF BIRTH: | YEAR OF BIRTH: | CITY OF BIRTH: | COUNTRY OF BIRTH: | | | |
|---|--|---|--|----|--|--|
| LAST (FAMILY) NAME: | FIRST NAM | lE: | MIDDLE NAME: | | | |
| If you will bring a child under 21 in de | pendent status, o | complete their information exa | ctly as it appears on their passport. | | | |
| SECTION 1E: Dependent Child (U | nder 21) Inforn | nation (REQUIRED IF A CHI | LD WILL JOIN YOU IN THE U.S.) | | | |
| COUNTRY OF CITIZENSHIP: | COUNTRY OF LEG | GAL RESIDENCE: | GENDER (male/female/other): | | | |
| MONTH OF BIRTH: DAY OF BIRTH: | YEAR OF BIRTH: | CITY OF BIRTH: | COUNTRY OF BIRTH: | | | |
| LAST (FAMILY) NAME: | FIRST NAM | IE: | MIDDLE NAME: | | | |
| If you will bring a spouse in dependen | nt (F-2 or J-2) stat | us, complete their information | exactly as it appears on their passpor | t. | | |
| SECTION 1D: Dependent Spouse | Information (F | REQUIRED IF A SPOUSE WIL | L JOIN YOU IN THE U.S.) | | | |
| STATE/PROVINCE/REGION: | COUNTRY: | | POSTAL CODE: | | | |
| STREET ADDRESS 2: | | | CITY: | | | |
| STREET ADDRESS 1: | | | CITY | | | |
| Student visa status requires that you h | have a permaner | it address in your home countr | y. This address cannot be a P.O. box. | | | |
| SECTION 1C: Address in Home Co | , , | , | | | | |
| COUNTRY OF CITIZENSHIP: | COUNTRY OF LEG | GAL RESIDENCE: | DATE PASSPORT EXPIRES: | | | |
| MIDDLE NAME (INCLUDE ANY INITIAL | · | CITY OF BIRTH: | COUNTRY OF BIRTH: | | | |
| LAST (FAMILY) NAME: | | FIRST NAME: | | | | |
| Enter your information exactly as it ap | opears on your pa | • | | | | |
| SECTION 1B: Biographical Inform | nation (REQUIR | ED) | | | | |
| Note: J-1 status is for students with <u>signifi</u> are interested in J-1 status but are not sur | <u>ficant</u> funding from re if you qualify, ple | an organization such as a governi ease contact International Student | ment, embassy, or university. If you · & Scholar Services at isss@du.edu. | | | |
| If no, you do not need to complet | | <u> </u> | <u> </u> | | | |
| Will you study at DU in a non-immigr | ant student visa | status (F-1 or J-1)? | Yes No | | | |
| If yes, what is your current immig | | | | | | |
| Are you currently in the United States | | | Yes No | _ | | |
| , | ou do not need to complete the rest of this form. | | | | | |
| | | | | | | |

Note: You may use extra pages to provide information for additional dependent children under 21.

COUNTRY OF CITIZENSHIP:

COUNTRY OF LEGAL RESIDENCE:

GENDER (male/female/other):

SECTION 2: Financial Verification

You must provide proof of available funding to cover estimated academic and living expenses for one academic year (3 quarters/2 semesters).

- You may use any combination of the documents outlined on this form to show the required funding.
- You may submit multiple different bank documents belonging to the same person.
- Scholarships from DU count toward the required funding.
- Letters must include a signature from an official at the issuing organization.
- All documents must:
 - o be in English, or accompanied by a certified English translation
 - o be dated within the past 6 months
 - o include the name, seal, and address of the organization

| SECTION 2A: Student Infor | mation and Attestation (REQUIRED) | | | | | |
|---|---|------------------------|------------------------|--|--|--|
| DU ID: | LAST (FAMILY) NAME: | FIRST NAME: | | | | |
| Please verify that you understand and accept the following items by initialing each item. I will only provide documentation of funding that I will actually have access to during my course of study. If I choose to stay in the United States during summer quarter, I am responsible for cost of living, tuition, and fees for that quarter. Those costs are not outlined in the Cost of Attendance for my program. The Cost of Attendance for my program: assumes a moderate budget and does not include moving costs such as travel or housing deposits is not a tuition bill and all costs are subject to change does not include additional costs for dependents The University of Denver has limited on-campus employment options and can only guarantee the scholarships and assistantships that have already been offered to me. STUDENT SIGNATURE: DATE: | | | | | | |
| | | | | | | |
| SECTION 2B: Complete if you have PERSONAL FUNDS | | | | | | |
| If you are submitting your own bank documents, complete this section. You may submit multiple different bank documents. | | | | | | |
| Funds Available (USD): \$ | | | | | | |
| STUDENT SIGNATURE: | | | DATE: | | | |
| SECTION 2C: Complete if you have FAMILY or PRIVATE SPONSOR FUNDS | | | | | | |
| If you are submitting financial documents belonging to an individual other than yourself, that individual must complete this section. Do not sign on behalf of your private sponsor. You may submit multiple different bank documents. | | | | | | |
| Funds Available (USD): \$ | | | | | | |
| I certify the above named stu | dent will have access to the funding list | ed here during their f | irst year at DU. | | | |
| SPONSOR NAME: | | SPONSOR EMAIL: | | | | |
| SPONSOR SIGNATURE: | | | DATE: | | | |
| SECTION 2D: Complete if you have A NON-DU SCHOLARSHIP or SPONSORING AGENCY FUNDS | | | | | | |
| If you have a scholarship from an organization other than DU (such as your government or employer), complete this section. You must submit a scholarship award letter or a financial guarantee from your sponsoring organization. | | | | | | |
| Annual Scholarship Award (USD): \$ | | | | | | |
| SPONSORING AGENCY: | | | | | | |
| ADVISOR/CONTACT AT SPONSORING AGENCY: | | | | | | |
| ADVISOR/CONTACT EMAIL: | | ADVISOR/CONTAC | ADVISOR/CONTACT PHONE: | | | |
| What are the requirements for you to maintain your sponsorship (GPA, course load, etc.)? | | | | | | |

SECTION 2E: Complete if you have a DU SCHOLARSHIP

If you have been awarded a scholarship or assistantship by the University of Denver, complete this section. You only need to provide documentation of your award if it is not on your admission letter.

Annual Scholarship/Assistantship Award (USD): \$

What are the requirements for you to maintain your scholarship (GPA, course load, etc.)?

Will your scholarship/assistantship funding change during your course of study? Yes No If yes, how will it change?

SECTION 2F: HEALTH INSURANCE (REQUIRED)

All international students and their dependents are required to have health insurance for the duration of study. This cost is included in your Cost of Attendance. DU's Health and Counseling Center offers a Student Health Insurance Plan (SHIP). You can find more information about SHIP at https://www.du.edu/health-and-counseling-center/coveragecosts/ship.html.

Do you plan to enroll in SHIP? Yes No

If no, what organization will you get your health insurance from?

Note: The Health and Counseling Center will help you enroll in SHIP. You can contact them at info@hcc.du.edu.

SECTION 2G: FINANCIAL PLANNING (OPTIONAL)

This optional section is to help you plan and will not impact your eligibility for a Form I-20 or Form DS-2019.

1) What is the current exchange rate of your country's currency to USD?

=\$1

No

- 2) Does your government currently impose restrictions on exchange and release of funds for study in the United States? Yes No
 - a) If yes, describe the restrictions.
- 2) Do you plan to use similar funding for each year of your program of study? Yes
 - a) If yes, have you verified that any scholarships will be available every year?
 - b) If no, what will your alternate sources of funds be?
- 3) Will you have access to emergency funds while you are in the United States? Yes No
 - a) If yes, what is the source of funds?
- 4) Do you know how you will pay for travel to and from the United States? Yes No
 - a) If yes, how?
 - b) If no, what is your deadline for organizing travel funds?

You can find information on financial wellness and financial planning at https://www.du.edu/admission-aid/financial-aid-scholarships/financial-wellness.