

Graduate Financial Verification Form

Instructions: Complete this form and submit through the DU Graduate Admissions Portal (gradadmissions.du.edu/apply).
 A chart of estimated costs and details on acceptable financial documentation are found in the *Proof of Funding* section of the ISSS webpage [Obtaining F-1 or J-1 Status](#).
 You will need to upload documentation to substantiate the source(s) of funding that you list below.
 Physical or electronic signatures are acceptable.

Section I – STUDENT INFORMATION

| | | |
|-------|------------------|------------------|
| DU ID | Last/Family Name | First/Given Name |
|-------|------------------|------------------|

Section II – PROOF OF FUNDING

| SOURCES OF FUNDS | AMOUNT IN US \$ |
|--|-----------------|
| UNIVERSITY OF DENVER <i>(Funds from scholarships, awards, or assistantship)</i> | \$ _____ |
| PERSONAL <i>(Student's name must be listed on account documents)</i> | \$ _____ |
| EDUCATIONAL LOAN Name of Loan Provider _____ | \$ _____ |
| FAMILY <i>(Funds from immediate family members: parents or spouse)</i> Name of Account Holder _____ Relationship to Student _____ <i>I confirm that \$ _____ of my funds will be available to cover this student's educational expenses.</i> Family Member's Signature: _____ Date: _____ Name of Account Holder _____ Relationship to Student _____ <i>I confirm that \$ _____ of my funds will be available to cover this student's educational expenses.</i> Family Member's Signature: _____ Date: _____ | \$ _____ |
| INDIVIDUAL SPONSOR <i>(Funds from other individuals or extended family)</i> Name of Sponsor _____ Relationship to Student _____ <i>I confirm that \$ _____ of my funds will be available to cover this student's educational expenses.</i> Individual Sponsor's Signature: _____ Date: _____ Name of Sponsor _____ Relationship to Student _____ <i>I confirm that \$ _____ of my funds will be available to cover this student's educational expenses.</i> Individual Sponsor's Signature: _____ Date: _____ | \$ _____ |
| GOVERNMENT, EMPLOYER, OR OTHER ORGANIZATION SPONSOR <i>(ISSS may request additional evidence if we are unfamiliar with the listed entity)</i> Name of Sponsor: _____ Type: (CHECK THE BOX BELOW) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>U.S. Government</div> <div>Company</div> <div>International Organization</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Home Government</div> <div>Employer</div> <div>Other _____</div> </div> | \$ _____ |
| TOTAL <i>(Must meet or exceed estimated program costs – See form instructions for link to chart of costs)</i> | \$ _____ |