CHANGE OF FUNDING REQUEST FORM

Indicate the funding sources used to support you and your dependents (check all that apply):

☐ **Personal / Family Funds.** Please attach documentation of financial ability (such as bank statements less than 6 months old) which covers the expenses for you during your studies.

☐ **Department Funding (RA or TA appointment).** Attach a letter from the funding department which includes salary and tuition waiver amounts, as well as the length of the appointment. 

    NOTE: Graduate student funding may not cover all student expenses and will not cover the expenses of your dependent(s). Please indicate an additional source of funding beyond your RA/TA appointment that will cover any remaining expenses.

☐ **Government Funding.** Attach a letter which details the source, amount and duration of the funding.

I certify that I will be responsible for the total cost for each year of study at the University of Washington, including expenses associated with my dependents.

_____________________________________________  ____________________________
Student signature                                      Date

**ESTIMATED EXPENSES FOR THE 2014-2015 ACADEMIC YEAR**

<table>
<thead>
<tr>
<th>Category</th>
<th>9 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>$48,015</td>
<td>$64,019</td>
</tr>
<tr>
<td>Graduate, self-supported</td>
<td>$48,138</td>
<td>$64,183</td>
</tr>
<tr>
<td>Graduate, University supported</td>
<td>$35,100</td>
<td>$46,800</td>
</tr>
<tr>
<td>Dependent spouse</td>
<td>$8,488</td>
<td>$11,317</td>
</tr>
<tr>
<td>Dependent child</td>
<td>$5,900</td>
<td>$7,867</td>
</tr>
</tbody>
</table>

To be completed by Academic Department Adviser or Graduate Program Coordinator

The above named student is making normal progress toward his/her educational objective.

Student’s field of study: ___________________________ Degree level: ___________

Student is expected to complete his/her educational objective __________quarter, 20_______

Adviser name: __________________________________________________________________ Phone: ____________________________

Signature: ____________________________________________________________________ Date: ________________________________

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