



Student's name: _____
Last First

Student ID #: _____ SEVIS ID #: N _____

Email: _____ Phone: _____

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 2016-2017 ACADEMIC YEAR

Undergraduate:	9 months: \$54,792	12 months: \$73,056
Graduate, self-supported:	9 months: \$51,213	12 months: \$68,284
Graduate, University supported:	9 months: \$36,267	12 months: \$48,356
Dependent spouse:	9 months: \$8,680	12 months: \$11,573
Dependent child:	9 months: \$6,040	12 months: \$8,054

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: _____