



PERSONAL INFORMATION & FINANCIAL VERIFICATION FORM

Instructions: Complete this form and email, with supporting financial documents and passport copy, to sevis@uoregon.edu. You can also log into iconnect.uoregon.edu, if you have claimed your DuckID, and submit this form online. If you do NOT need F-1 or J-1 visa sponsorship from the University of Oregon, you only need to submit this first page to sevis@uoregon.edu. You do not have to submit the Financial Verification, page 2.

DATE: _____

UO CAMPUS: _____ Eugene _____ Portland

STUDENT INFORMATION

Passport Family or Surname: _____

Passport Given Name: _____

Date of Birth: (MM/DD/YYYY) _____ Gender: (Female or Male) _____ City of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Email: _____

Permanent Address in Home Country: *U.S. regulations require an address and phone outside the U.S.*

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Phone: _____

Current Mailing Address:

☐ My Mailing Address is the same as my Permanent Address

Street Address: _____

City: _____ Province/State: _____ Postal Code: _____

Country: _____ Phone: _____

Dependents: Are you bringing a spouse/dependents with you to the U.S.? ☐ Yes ☐ No. If yes, please include passport copies of your spouse/dependents with this form.

FOR STUDENTS CURRENTLY IN THE U.S.

1. Are you currently in the U.S.? ☐ Yes ☐ No. If you answered yes, complete #2, #3, #4. Otherwise skip to next page.

2. What is your current visa status in the U.S.? _____

3. If you are in F-1 or J-1 visa status, are you currently enrolled? ☐ Yes ☐ No.

4. Are you on F-1 OPT or J-1 Academic Training? ☐ Yes ☐ No.

a. Name of School or University: _____

b. City and state where school is located: _____

c. Last date of attendance at your school: (MM/DD/YYYY) _____

DIVISION OF GLOBAL ENGAGEMENT

5209 University of Oregon, Eugene OR 97403-5209 USA (541) 346-3206 **FAX** (541) 346-1232 <http://international.uoregon.edu>

An equal-opportunity, affirmative-action institution committed to cultural diversity and compliance with the Americans with Disabilities Act

**2024 FINANCIAL VERIFICATION****STUDENT NAME**

Family or Surname _____ Given Name: _____

SOURCES OF FUNDING

U.S. federal regulations require evidence that students have sufficient financial resources equal to (or greater than) the total estimated cost of attendance for at least one year at the University of Oregon. Total estimated costs by program can be found at <https://isss.uoregon.edu/financial-documentation-international-graduate-students>.

Who Will Sponsor You? <i>Check all that apply</i>	Amount of Support <i>Enter amount in USD</i>	Attach Required Documentation <i>Documents must be less than 6 months old.</i>
<input type="checkbox"/> Self or Parents	\$	Bank statement with a current available balance.
<input type="checkbox"/> Relative or Individual Sponsor	\$	Name(s): _____ Relationship to Student: _____ 1. Sign the statement of support below. 2. Bank statement with a current available balance.
<input type="checkbox"/> Gov't or Other Sponsor	\$	Name: _____ Documentation from your government, employer, or scholarship agency with amount of funding.
<input type="checkbox"/> Scholarships/Awards, Other Funding	\$	Documentation from funding source with amount of award.
<input type="checkbox"/> Loan	\$	
<input type="checkbox"/> Graduate Employee (GE) award	N/A	Admission Letter from UO Department with GE award offer.
TOTAL AMOUNT	\$	Total amount must meet or exceed the total estimated expense above.

RELATIVE/SPONSOR'S STATEMENT OF FINANCIAL SUPPORT: By signing this document, I agree to be financially responsible for the student named above while they attend the University of Oregon. I understand that all costs may be subject to change.

Relative/Sponsor's Signature: _____ Date: (mm/dd/yy) _____

STUDENT'S CERTIFICATION

I certify that all information I have provided is correct and complete. I agree to be fully responsible for my tuition, fees and all living expenses while studying at the University of Oregon. I understand that submission of false or inaccurate information will be considered sufficient cause to terminate my application or enrollment and that failure to pay all debts to the University of Oregon may result in immediate dismissal.

Student Signature: _____ Date: (mm/dd/yy) _____

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