PERSONAL INFORMATION & FINANCIAL VERIFICATION FORM

Instructions: Complete this form, with supporting financial documents and passport copy, and send 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 CAM	PUS:EugenePortland
STUDENT INFORMATION		
Passport Family or Surname		
Passport Given Name:		
		City of Birth:
Country of Birth:	Country of Citizen	ship:
Email:		UO ID:
Permanent Address in Home Co Street Address:		-
		Postal Code:
Country:	Phone:	
	Province/State:	Postal Code:
Country:	Phone:	
copies of your dependents with this fo	rm.	s No. If yes, please include passport
Are you currently in the U.S.? [to next page.)
 Are you currently enrolled Name of School or Un 	retatus in the U.S.??	_
 Are you on F-1 OPT or J-1 	Academic Training? Yes	No

2024 FINANCIAL VERIFICATION

STUDENT NAME			
Family or Surname	Given Name:		
total estimated cost of attend	ance for at least one year	s have sufficient financial resources equal to (or greater than) the rat the University of Oregon. Total estimated costs by program can entation-international-graduate-students.	
Who Will Sponsor You? Check all that apply	Amount of Support Enter amount in USD	Attach Required Documentation Documents must be less than 6 months old.	
Self or Parents	\$	Bank statement with a current available balance.	
Relative or Individual Sponsor	\$	Name(s): Relationship to Student: 1. Sign the statement of support below. 2. Bank statement with a current available balance.	
Gov't or Other Sponsor	\$	Name: Documentation from your government, employer, or scholarship agency with amount of funding.	
Scholarships/Awards, Other Funding	\$	Documentation from funding source with amount of award.	
Loan	\$		
Graduate Employee	N/A	Admission Letter from UO Department with GE award offer.	
TOTAL AMOUNT	\$	Total amount must meet or exceed the total estimated expense above.	
responsible for the student name change.	ed above while they attend t	AL SUPPORT: By signing this document, I agree to be financially the University of Oregon. I understand that all costs may be subject to	
expenses while studying at the U	ave provided is correct and of University of Oregon. I under	complete. I agree to be fully responsible for my tuition, fees and all living erstand that submission of false or inaccurate information will be enrollment and that failure to pay all debts to the University of Oregon may	
Student Signature:	Date: (mm/dd/yy)		