

Guarantee of Financial Support

Academic Departments

You may complete this form online at http://internationaloffice.berkeley.edu/students/request_forms.

The purpose of this form is to facilitate the process of documenting financial support for international students requesting Form I-20 (F-1) or DS-2019 (J-1). The University is required by law to verify that sufficient funding is available for the intended program. This form must be completed by a department administrator, adviser or faculty person.

Student's Information	on			
Last Name				
First Name				
Cal ID Number				
Email				
Phone				
Status	☐ F-1 ☐ J-1			
Showing Support For	☐ New I-20 or DS-2019 ☐ Extension I-20 or DS-2019 ☐ Adding a Dependent			
Department Informa	ition			
Department Name				
Name of Person Complet	ting This Form			
Title of Person Completin	ng This Form			
Email				
Phone				
Financial Support In	formation			
Funding Sources (check all that apply)			Length of Support	\$ Amount
Scholarship or Fellowship				
Department Grant				
Resident Fees				
Non-Resident Tuition	n & Fees			
GSR or GSI Stipend/Salary				
Other (describe)				
			Total Funding =	=
Department Certification	ation			
I certify that to the best o	of my knowledge, the	student will rece	ive the support detailed above.	
Signature of Person Completing This Form				 Date