



GRADUATE INTERNATIONAL STUDENT AWARD FORM

Use this form to indicate any employment or funding that has been offered to the international student indicated below. Leave any sections that are not applicable blank. This funding calculation is based on 2023-2024 tuition rates and subject to change by ABOR authority without prior notice. **For best experience, complete in Adobe Acrobat.**

► STUDENT INFORMATION

Name: _____, _____ Student ID: _____
Family Name/Surname First/Given Name

► ON-CAMPUS EMPLOYMENT (if applicable)

Position: _____ Start Date: _____ Hours/Week: _____
The Employer Identification Number (EIN) for the University of Arizona is 74-2652689.

► UNIVERSITY FUNDING (if applicable)

Indicate the applicable terms for all funding indicated below: Fall _____ Spring _____
Year Year

Graduate Assistantship

- Actual Salary \$ _____
For example, if the full-time annual salary is \$30,000, then the actual salary a student with a .5 FTE will receive is \$15,000.
- Use the dropdown to select the applicable FTE/terms to calculate the value of the assistantship benefits:

- Non-Resident Tuition \$ _____
- GA Tuition Remission \$ _____
- Health Insurance \$ _____

Graduate Tuition Scholarship \$ _____ *Only an option if the GA awarded is less than .5 FTE*

Fellowship/Cash Award \$ _____

Summer Support \$ _____

Other: _____ \$ _____

TOTAL FUNDING: \$ _____

► DEPARTMENT INFORMATION

Department: _____

Name: _____ Title: _____ Email: _____

Signature: _____ Date: _____