



## 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 2024-2025 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: \_\_\_\_\_