Confidential Financial Information Form (CFI)
Graduate International Students, University of Delaware

It is required that all admitted Int'l graduate students complete this form. In the event no funding is offered by relevant graduate department, the completed form will be used to issue your student visa forms (I-20 or DS-2019). Download, complete, sign, and attach original bank statements. Then mail this form (overnight shipping if possible) showing that you are able to cover the amounts described here: http://www.udel.edu/oiss/information/costs.html .

Office of Graduate and Professional Studies, University of Delaware
234 Hullihen Hall / Newark, DE 19716 / U.S.A.

_____ , _____   _____
            (Last/Family Name)   *(First/Given Name)*   *(UD ID)*

Visa information

1. What type of visa is needed/expected from the University of Delaware?* _____

2. If currently living inside the U.S., which VISA type do you have currently?* _____

3. If F-1 or J-1, please fill in the educational institution that issued your current

      I-20 or DS-2019 form: _____

4. If J-1, are you a Student or a Visiting Scholar? _____

5. If you are under a visa *other than* an F-1 or a J-1 please enter visa type here: _____

6. Are you currently participating in Optional Practical Training (OPT)? ☐ Yes ☐ No

7. When does your Optional Practical Training expire? _____

Source of Funding

All amounts should be reported in U.S. dollars ($) *

Personal $ _____ Country of Personal Source: _____

Family $ _____ Country of Family Source: _____

          Name of Family Source: _____

          Family Source relationship to applicant: _____

Signature of family source: _____ **Date:** _____

Government $ _____ Country of Gov't Source: _____

Other $ _____ Country of Other Source: _____

          (Must submit gov't or other funding letter as attachment)

Total $ _____

Signature of applicant: _____ **Date:** _____

(Attach original bank statements, gov't scholarship, etc. to this form before mailing)

Dependent Information

Are you bringing family members with you? ☐ Yes ☐ No

Dependent 1 _____ Gender ☐ *Male* ☐ *Female*
                              (First/Given)   *(Last/Family)*

Relationship to dependent ☐ Spouse ☐ Parent ☐ Other _____ Date of Birth _____

Country of Citizenship _____ City of Birth _____ Country of Birth _____

(List additional dependents on a separate paper and attach.)

International Applicants