

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

In the event full funding has not been provided by the graduate department, this form with attached financial statements will be used to issue your student visa forms (I-20 or DS-2019). Download, complete, sign, and submit with financial statements to OISS by email ([oiss@udel.edu](mailto:oiss@udel.edu)) or mail to:

Office of International Students and Scholars  
 University of Delaware  
 413 Academy Street  
 Newark, Delaware 19716-6410 U.S.A.  
 Phone: (302) 831-2115

\_\_\_\_\_ , \_\_\_\_\_  
 (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: \_\_\_\_\_

**Signature of "other" source:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Please attach original bank statements, gov't scholarship, etc. to this form before sending to OISS)*

**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