North Carolina Central University — School of Graduate Studies

Intent to Award Financial Support to an International Student Applicant for Graduate School Admission

GRADUATE STUDENT APPLICANT PERSONAL INFORMATION

Name: _____ _____ _____
First Name *Middle* *Last Name*

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Student Email Address: _____ Student Phone Number: _____

Sponsoring Department: _____ **School/College:** _____

Cost Item	Fund Number	Account Number	Organization Code	Amount
Graduate Assistanship				
Tuition				
Fees				
Room				
Board				
Other Expense				

Total Intended Support:

Intended Begin Date:

Intended End Date:

Signatures:

Program Director: _____ Date: _____

Contracts & Grants: _____ Date: _____

Chairperson Dean: _____ Date: _____

Academic Dean: _____ Date: _____

Graduate Dean: _____ Date: _____