

Application for the Issuance of the Form I-20

Form I-20

Applicants should note that West Chester University of Pennsylvania will issue the Form I-20 only after all materials are received and reviewed by the Center for International Programs Designated School Official (DSO). Students must meet all conditions noted in 8 C.F.R. § 214.3 (k) before the Form I-20 can be issued.

To ensure accuracy, please print. Include a copy of your passport; the name on the Form I-20 must match your passport.

International Student Information

Family name _____ First _____ Middle _____

Date of Birth (mm/dd/yyyy) _____ Gender: _____ M _____ F WCUID _____

City of Birth _____ Country of Birth _____

Country of Permanent Residence _____ Country of Citizenship _____

Foreign Address (where you reside in your home country)

A Certificate of Eligibility cannot be generated unless we have your foreign address.

Street address _____ City _____

Province/State _____ Postal Code _____

Country _____

E-mail address _____ Phone number _____

Is this the address to which you prefer your Form I-20 to be sent? _____ Yes _____ No

If no, please indicate the mailing address _____

Are you married? _____ Yes _____ No (please proceed to page 2)

If "Yes", will your spouse and/or children join you?

_____ Yes, they will join me now. (Please complete Dependent information on page 6.)

_____ Yes, they will join me after I get settled. (Please complete Dependent the information on page 6.)

_____ I am married but my dependents will not join me. (Proceed to page 2)

Center for International Programs ~ Mitchell Hall ~ 675 S. Church Street ~ West Chester, PA 19383

Telephone: 610-436-3515 ~ Fax: 610-436-3426

www.wcupa.edu international@wcupa.edu

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Academic Information

WCUID # _____

Field of study (major) _____

Level of study: _____ Undergraduate _____ Graduate

Semester applied for: _____ Fall _____ Spring _____ 2017 _____ 2018 _____ 2019 _____ 2020

Immigration Information

Are you currently in the United States? _____ Yes _____ No

If "No", please proceed to page 3

*If "Yes", what visa classification do you hold? _____

Please attach a copy of all your immigration documents: I-94 card, visa and passport information page, I-20

SEVIS ID # _____

If you are not in F-1 or J-1 status, do you plan to change your status? _____ Yes _____ No

PLEASE NOTE: you must pay the SEVIS fee (<http://fmjfee.com>)

***If you are currently in the United States on an F-1 visa at another U.S. institution your SEVIS record must be transferred to WCU. Please complete the [International Student Transfer IN Form](#) and submit along with this form and all supporting documents.**

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Sponsor Information

We must receive reliable documentation that the student has adequate financial resources to meet expenses while studying at WCU. This information will be reviewed as a condition of issuing the I-20. This information will also be recorded on the I-20.

Sponsor Affidavit of Support: Sponsors, parents, family members or other persons who will provide financial support. It is not necessary that a financial sponsor reside in the U.S. If there is to be more than one sponsor, please make a copy of page 4 of this document for each sponsor to complete. The total financial support must equal or exceed the total estimated costs.

WCU does not provide loans to international students, and there is no financial aid available. You should not expect to find funds after arriving in the U.S.

2016-2017 Minimum Funding Requirements for issuance of I-20

	Tuition and Fees	Living Expenses	Insurance	TOTAL
Undergraduate	\$20962	\$12000	\$750	\$33712
Graduate	\$15815	\$12000	\$750	\$28565

Health Insurance Requirements

International students are required to carry health insurance at all times. It is the responsibility of the student to obtain sufficient health insurance for the duration of the program as well as for all dependent family members. Minimum health insurance requirements are as follows:

\$100,000 per sickness/illness
\$100,000 per accident/injury
\$50,000 per medical evacuation and repatriation
Maximum \$500 deductible

I understand that the cost of tuition and fees may change according to the amount of credits I am taking. I understand that I must have student health insurance and that if I have any dependents, that they too must have health insurance.

Student Signature _____ Date: ____/____/____

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Affidavit of Support

Name of Sponsor _____ Date of birth _____

Sponsor's current address _____

I, _____, state that I am an adult of
(name of sponsor)

sound mind and disposition, and that I am competent to swear this affidavit on behalf of
_____, who is seeking admissions to study
(student's name)
at West Chester University of Pennsylvania and for whom I will assume financial responsibility.

What relationship are you to the student?

_____ **Spouse** _____ **Parent** _____ **Relative** (please specify) _____

_____ **Other** (please specify) _____

_____ I intend to sponsor the student's dependents.

_____ I do not intend to sponsor the student's dependents.

I have reviewed the estimated expenses attached to this form and agree that I will provide full financial support so long as the student is enrolled at West Chester University of Pennsylvania. Financial support will meet costs for tuition and mandatory student fees, mandatory medical health insurance, room and board, and other personal living expenses for the duration of study.

I certify that if restrictions exist regarding transfer of funds between my country of residence and the United States, I have fully investigated them and am aware of the procedures I must follow to remit payment when it is due, and that I will guarantee payment when it is due regardless of existing funds' transfer restrictions.

I certify that the information provided in this Affidavit of support and Bank Verification of Deposit is true and correct, and that I will provide funds to and assume full financial responsibility for this student for the duration of the student's enrollment at West Chester University of Pennsylvania.

Sponsor signature _____ Date _____

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Bank Verification of Deposit

This is to be HANDWRITTEN in ENGLISH by a bank official

Bank certification of sponsor accounts must be current and cannot exceed six months from the date of the bank officer's signature and stamp. This form must be submitted with three to four months of the most recent bank statements.

This is to certify that the account holder, _____, is a customer of (bank name)_____.

His/Her account was opened (date)_____and for the past year has shown an average balance equal to U.S. \$_____.

The accounts are open and viable as to today's date. This certification is offered with no responsibility on the part of the financial institution.

Printed name of bank official_____

Title_____

Bank address_____

Bank seal or stamp_____

Bank official signature_____ Date_____

This form cannot be accepted without the bank officer's signature and bank seal or stamp.

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Dependent Information

A dependent is defined as a spouse or child. Attach additional sheets if child(ren) will accompany. If more than one dependent will accompany, please include all of the following information for each dependent. Use a separate sheet of paper if needed.

Relationship: _____ **Husband** _____ **Wife** _____ **Child**

Family name _____ First _____ Middle _____

Date of Birth _____ Gender: _____ M _____ F

City of Birth _____ Country of Birth _____

Country of Permanent Residence _____ Country of Citizenship _____

Relationship: _____ **Husband** _____ **Wife** _____ **Child**

Family name _____ First _____ Middle _____

Date of Birth _____ Gender: _____ M _____ F

City of Birth _____ Country of Birth _____

Country of Permanent Residence _____ Country of Citizenship _____

Relationship: _____ **Husband** _____ **Wife** _____ **Child**

Family name _____ First _____ Middle _____

Date of Birth _____ Gender: _____ M _____ F

City of Birth _____ Country of Birth _____

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