Request for New Student I-20

Form I-20 (eligibility for student status) cannot be issued until International Student and Scholar Services have received this form and its accompanying documents as listed on the Checklist. This form should be filled out by the program administrator based on the applicant’s documents. If the student is a transfer, the student must fill out the “Transfer In” request form. *All information is required.*

**STUDENT’S PERSONAL INFORMATION:** *(Please include a copy of the passport page containing the photo and expiration date for the student and any accompanying family members)*

Name: ___________________________ □ Male □ Female
(family name) (first) (middle)

Date of Birth (mm/dd/yy): __________ City of Birth: ______________ Country of Birth: ______________

Country of Citizenship: ______________ Country of Legal Permanent Residence: ______________

Current immigration status, if in the U.S. now: □ B-1 □ B-2 □ F-1 □ J-1 □ H-1B □ Other _____

Please forward a copy of the individual’s current immigration documents (I-20 or DS-2019, visa, passport, I-94)

**AMC INFORMATION:**

AMC School and Department: ____________________________ School ____________________________
Department ____________________________

Degree at AMC: ____________________________ Starting Date: __________ Ending Date: __________

English Proficiency □ yes □ no □ waived if waived, why?______________________________

**ADDRESS INFORMATION:**

Permanent Address in Home Country: ____________________________
Current Mailing Address (if different from Permanent) ____________________________

Home Telephone Number: ______________ Email Address: ____________________________

**ACCOMPANYING FAMILY MEMBERS:**

If a spouse or dependent children will accompany you to the U.S., please complete the following so that dependent I-20’s can be issued. Dependents will need to obtain F-2 visas. *(Please include copies of dependent’s passport bio-data pages.)*

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<th>NAME (Family, First, and Middle)</th>
<th>RELATIONSHIP (spouse or child)</th>
<th>DATE OF BIRTH mo/day/yr</th>
<th>CITY &amp; COUNTRY OF BIRTH</th>
<th>COUNTRY OF CITIZENSHIP</th>
<th>COUNTRY OF LEGAL PERMANENT RESIDENCE</th>
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Revised 03-05-2009 JK
Request for Student I-20 [pg. 2]

FINANCIAL INFORMATION:

The student is required to certify that s/he will have adequate financial support for the program of study at the University of Colorado Denver. **Proof of complete support for the first year must be provided.** (Appropriate financial documents include a bank statement, guarantee from sponsor, affidavit of support, etc. no more than six months old). Similar information will be required by the United States consular officer when the student applies for the visa therefore, please advise the student to keep copies of all documents for this purpose.

PROGRAM FINANCIAL REQUIREMENTS

Program expenses are estimated as follows (the Board of Regents reserves the right to change tuition and fees at any time):

a. Tuition and fees per academic year $_______________

b. Approximate living and incidental expenses per year of 12 months 19440 (2008-09)*

c. Approximate living expenses for accompanying dependent for 12 months 9,000

*Subject to change each year.

Check those items which apply to the student and indicate the total expenses. Be sure to multiply item d. by the number of children. $_______________

SOURCE(S) AND AMOUNT(S) OF FINANCIAL SUPPORT (for the first year at AMC; amounts must be shown in U.S. Dollars)

a. FROM SAVINGS: ____________________________ $__________

b. FROM FAMILY $__________

It must be accompanied by the family member’s bank statement or employer’s statement.

c. SALARY WHILE ON LEAVE OF ABSENCE (In US Dollars) $__________

Enclose a validated letter from the employer on their company translated into English.

d. FINANCIAL AID FROM GOVERNMENT AGENCY, PRIVATE FOUNDATION, BANK OR OTHER AGENCY (Enclose a validated copy of the award from the sponsoring agency. $__________

e. FINANCIAL SUPPORT FROM THE UNIVERSITY OF COLORADO DENVER $__________

Enclose a copy of the award letter or identify the department or the specific source of the funds.

f. OTHER FINANCIAL AID Enclose validated affidavit from authorized person or organization. $__________

Bank statement or sponsor’s certification is □ enclosed or □ will be sent.

TOTAL SUPPORT FOR THE FIRST YEAR AT THE UNIVERSITY OF COLORADO DENVER $______________

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_________ ___________ ___________ ___________

Name of Admissions Personnel Preparing/Reviewing Form Date Telephone Number

Revised 03-05-2009 JK