



International Student I-20 Request Form – Intensive English Program (IEP)

Please complete this application form and return it to the Director of the Intensive English Program at The Catholic University of America. Once you are accepted into the program, this I-20 request form, along with your application for the IEP, will be forwarded to International Student and Scholar Services who will prepare the documents you need for an F-1 visa application.

PART A: REQUIRED PERSONAL AND ACADEMIC INFORMATION

Name as it appears on your passport:	
Family Name: _____	Given Name: _____
Middle Name: _____	Date of Birth (month/day/year): ____/____/____
<input type="checkbox"/> Male <input type="checkbox"/> Female, please check as appropriate.	
City of Birth:	Country of Birth:
Country of Citizenship:	
Country of Permanent Legal Residence:	
Position/occupation in home country:	
Permanent Address in Home country:	
Telephone:	
Current Address:	Good until (month/day/year): ____/____/____
Telephone:	E-mail:

Are you currently in the U.S.? <input type="checkbox"/> No, I will apply for an F-1 visa at the following U.S. consulate: <input type="checkbox"/> Yes, I currently hold the following immigration status:
--

DEPENDENTS

Do you have any dependents who will accompany you to the U.S.? Please check as appropriate.

No

Yes. (Please complete the Dependent information page on page 3).

FINANCIAL INFORMATION

You will be responsible for covering the cost of tuition, books, room and board, and any incidental expenses which are estimated to be:

EXPENSES:	ANNUAL COST
Tuition and Fees	19,110 + \$1,270
Living Expenses	19,490
Health Insurance	4,065
Total for Fall and Spring Semester	\$ 43,935

*Please note that a student with an F-1 visa can bring a spouse to the United States on a F-2 visa, but will need to show proof of an additional \$6000 for maintenance.

*Also, you will need to show proof of an additional \$4000 for each child who will accompany you. Please attach documentation to demonstrate that you have adequate financial resources to cover these costs. (See Part B).

HEALTH INSURANCE REQUIREMENT

- All F-1 nonimmigrants must maintain valid health insurance throughout their period of study in the United States. Please visit The Catholic University of America's student insurance website to see health insurance coverage requirements: <http://studentinsurance.cua.edu>
- The Catholic University of America will automatically enroll students into the University's Student Health Plan, unless the student chooses to waive enrollment by providing a copy of an approved/alternative health insurance plan. Please indicate your intention regarding health insurance options:

CUA Student Health Insurance Plan Enrollment - Please check as appropriate.

No?

Yes?

Signature of International Student:

Date:

APPROVAL BY INTENSIVE ENGLISH PROGRAM AT CUA

The above named student has been accepted into the Intensive English Program at The Catholic University of America.

Program Start Date: _____ Estimated end date: _____

The I-20 Form will not be issued without these required attachments:

- Copy of passport
- Financial documentation establishing your ability to cover the costs of this program
- Immunization record (not needed for summer study)

DEPENDENT INFORMATION

Each family member who will accompany you to the United States on F-2 status must have a Form I-20 immigration document issued in his/her own name. Please use this page to provide the information needed to prepare these documents.

First Dependent:

Family Name: _____ Date of Birth (mm/dd/yyyy): _____
 First Name: _____ Gender: Male Female
 Middle Name: _____ Relationship to you: Spouse Child
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____
 Country of legal residency: _____

Second Dependent:

Family Name: _____ Date of Birth (mm/dd/yyyy): _____
 First Name: _____ Gender: Male Female
 Middle Name: _____ Relationship to you: Spouse Child
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____
 Country of legal residency: _____

Third Dependent:

Family Name: _____ Date of Birth (mm/dd/yyyy): _____
 First Name: _____ Gender: Male Female
 Middle Name: _____ Relationship to you: Spouse Child
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____
 Country of legal residency: _____

Fourth Dependent:

Family Name: _____ Date of Birth (mm/dd/yyyy): _____
 First Name: _____ Gender: Male Female
 Middle Name: _____ Relationship to you: Spouse Child
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____
 Country of legal residency: _____

Fifth Dependent:

Family Name: _____ Date of Birth (mm/dd/yyyy): _____
 First Name: _____ Gender: Male Female
 Middle Name: _____ Relationship to you: Spouse Child
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____
 Country of legal residency: _____

Government and University regulations require that an F-1 student submit evidence of the ability to cover the expenses associated with his or her stay in the United States. Therefore you must establish that you have the financial resources to cover your tuition and living expenses during your stay at CUA.

Funding provided by CUA:

a. \$ _____ per semester (list any scholarships awarded to you by CUA)

To cover your personal expenses, please indicate the type of funding you will receive and provide documentation, in English, of funding available to you. Amounts must total or exceed \$43,935, which is the minimum estimated cost of living + tuition per academic year.

b. \$ _____ per _____ Personal or Family Funds. (Please obtain a Certification of Funds from your financial institution/bank, and attach copies of two most recent bank statements that are not older than three (3) months. If parents are providing support, they must sign the certification below. See instructions below.)

c. \$ _____ per _____ Other sponsor (They must complete the certification below)

d. \$ _____ per _____ Government funding (Please attach copy of letter of award)

e. \$ _____ per _____ All other organizations (name: _____)

CERTIFICATION OF FINANCIAL SPONSOR (IF APPLICABLE)

I, _____ (name of parent or other sponsor), intend to financially support the student listed on this application and am making available \$ _____ for this purpose.

Signature of sponsor: _____ Date: _____

Name of Financial Sponsor: _____

Relationship to Student: _____

Address of financial sponsor: _____

Telephone: _____

Email: _____

CERTIFICATION OF STUDENT

I certify that the information contained in this application is correct and accurate to the best of my knowledge. In addition, the total amount of money indicated above is available to support me during my studies at The Catholic University of America. I shall notify The Catholic University of America promptly if there are any changes to my financial circumstances.

Signature of Student: _____

Date: _____

PART B: FINANCIAL SUPPORT

THE FOLLOWING VERIFICATION OF FUNDS IS REQUIRED FOR ALL INTERNATIONAL STUDENTS:

- *Copies of two most recent bank statements, not older than three (3) months, from the person/body/institution providing the funding
- *Bank Certification Letter - please see suggested format below:

BANK CERTIFICATION LETTER

*The bank letter should be on the financial institution's letterhead, and must be certified or notarized.

To Whom it May Concern:

This letter certifies that [NAME OF SPONSOR] has held an account with this bank since [DATE OF OPENING OF ACCOUNT]. This account has an average balance of [AMOUNT OF AVERAGE BALANCE]. The current balance on the account is [AMOUNT OF BALANCE], and these funds are available for his/her immediate use.

Should there be any questions regarding this certification of funds, please contact the bank at [FULL ADDRESS, PHONE NUMBER and OFFICIAL EMAIL].

Sincerely,

Name, Signature, and Position of Bank Official

Please return the completed forms to:

Sister Margaret Andrew Baker
Director, Intensive English Program
The Catholic University of America
Room 109, McMahon Hall
620 Michigan Avenue
Washington DC, 20064
U.S.A.
Tel.: (202) 319-5229
Email: bakermar@cua.edu