



International Student I-20 Request Form – Intensive English

Please complete this application and return it to Intensive English Program (B-4 Gibbons Hall, The Catholic University of America). Once Intensive English Program has accepted you into their program, they will forward this request and a copy of your application for the IEP program will forward it to International Student and Scholar Services who will prepare documents you will need for your visa application.

PART A: REQUIRED PERSONAL AND ACADEMIC INFORMATION

Name as it appears on the passport:	
Family Name: _____	Given Name: _____
Middle Name: _____	Date of Birth (month/day/year): ____/____/____
[] Male [] Female	
City of Birth:	Country of Birth:
Country of Citizenship:	
Country of Legal Permanent Residence:	
Position/occupation in home country:	
Permanent Address in Home country:	
Telephone:	
Current Address:	Good until (month/day/year): ____/____/____ Fax # _____
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: _____
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DEPENDENTS*

Do you have any dependents who will join you in the U.S.?

No

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

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	20,200
Living Expenses	15,000
Health Insurance	2,720
Total for Fall or Spring Semester	\$37,920

*Please note an F-1 student bring a spouse on a F-2 visa will need to show an additional \$6000 and for each child an additional \$4000.

Please attach documentation that you have the financial resources to cover these costs. (See Part B)

HEALTH INSURANCE REQUIREMENT

- All F-1 nonimmigrants must maintain health insurance that is valid throughout their period of stay in F-1 status. 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 enroll students in the University's Student Health Plan unless the student chooses to waive enrollment in the University plan and provides a copy of their insurance plan. Please indicate your preliminary intention regarding insurance options:

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: _____

Approved by Dr. Anca Nemoianu: Signature:

Date:

I-20 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 join you in the U.S. in 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: _____

PART B: FINANCIAL SUPPORT

Federal and University regulations require that a F-1 student submit evidence of the ability to cover the expenses associated with his or her stay in the U.S. 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 \$36,244 - the minimum estimated cost of living + tuition per one academic year.

b. \$_____ per _____ Personal or Family Funds. (Obtain certification of funds from bank and attach copies of two most recent bank statements. 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 exchange 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. Additionally, 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 of any changes in my financial circumstances.

Signature of Student: _____

Date: _____

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

- *Copies of the two most recent bank account statements from that person who is providing the funding
- *Bank Certification Letter: Please see suggested format below

BANK CERTIFICATION LETTER

In conjunction with copies of the two most recent bank statements, establishes the financial resources available to the sponsor/cosponsor to cover the expenses of the exchange student. The bank letter should be certified or notarized and take the following format:

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].

These funds are available for drawing.

Should there be any question regarding this certification of funds, please contact the bank at [PHONE # OR EMAIL]

Sincerely,

Bank official

Please return the completed forms to:
Dr. Anca Nemoianu
Director, Intensive English Program
The Catholic University of America
620 Michigan Ave., Gibbons Hall B-4
Washington DC, 20064
U.S.A.
Tel.: (202) 319-5229