Wright State University I-20 Request Form (Student)

UID: _____
(If Known)

Type of I-20 needed:
□ Initial: You are outside the U.S. and do not have a current student visa to the U.S.
□ Immigration Transfer: You are currently enrolled at a U.S. institution or completed a program less than 30 days ago

List all names as they appear on the passport (please print):

Student's Last (family) Student's First (given) Middle or Maiden

Dependents: name as it appears in passport (must attach marriage license and/or birth certificate).

	Last name	First name	Relationship to student
1			
2			
3			
4			

1. State in U.S. dollars the amount of money you will have available *each year* to cover your expenses and the expenses for all listed dependents. List all resources and the amount of funds available. Check □ and complete those areas below which apply:

□ **Family Assistance** (Bank statement in English required as documentation)**
Name of family sponsor: _____
Relationship: □ Parent □ Other (specify)_____
Address of family sponsor: _____
Phone: _____ Amount of family sponsor's funds available each year in U.S. $_____

□ **Personal Savings** (Bank statement in English required as documentation)**
Overseas funds $ _____ Funds in the United States $ _____

□ **Scholarship, and/or Nonfamily Sponsor** (Scholarship letter or bank statement required as documentation)**
Name of agency/sponsor: _____
Address of agency/sponsor:_____
Phone number if in United States: _____
Total funds available from agency/sponsor in U.S. $_____

Please note: An original sponsor award letter is required to complete your application. If the agency/sponsor is to be billed directly, the agency must provide Wright State with billing authorization and instructions.

2. Total amount of funds (listed in question one) available each year in U.S. $_____
** A bank statement of family or nonfamily sponsor or of personal funds is required before I-20 can be sent. **The funds must be stated in U.S. dollar amounts.** ***Failure to provide amounts in U.S. dollars will delay the application process.***

3. Are there government or agency restrictions on the frequency or the amount of funds that can be released in **U.S. dollars?** □ Yes □ No
If yes, please explain restrictions
_____

4. Do you have any physical disability (visual, hearing, or mobility impairment)? □ Yes □ No
If yes, please specify _____
*The purpose of this question to determine the extent of any special services you may be required to pay for during your studies. This information is required to determine financial eligibility only.

5. With my signature below, I certify that above information is true and accurate to the best of my knowledge. I understand that misrepresentation of facts on this form will be cause for refusals of admission, cancellation of admission, or dismissal from the university. I further understand that I am completely responsible for all my educational and living expenses during the entire period that I plan to be enrolled at Wright State.

Signature Date