

University of La Verne

Office of International Services & Engagement

Abraham Campus Center
1950 Third Street
La Verne, CA 91750
oiss@laverne.edu

Reason for Application

- Initial Attendance
- Transfer from Other School
- Extension of I-20
- Change of Status
- Reinstatement

Student ID: _____

SEVIS ID: _____

I-20 APPLICATION

Please type or print clearly in black or blue ink. Only completed applications will be processed.

1. PERSONAL INFORMATION

Student name as it appears on passport.

Family Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Place of Birth: _____ Country of Citizenship: _____ Sex: Male Female
Month Day Year City and Country

Current Mailing Address: _____
(If in the U.S. must provide street address. No Post Office Box allowed) Apt No. _____

City _____ State _____ Posta Code _____ Country _____

U.S. Telephone Number: _____ Personal Email Address: _____
(Area Code) Number

Permanent Address in Home Country: _____
Street Name Building/Apt/Unit No City

State/Province _____ Zip Code/Postal Code _____ Country _____ Telephone Number: _____
Country Code/City Code/No.

2. EMERGENCY CONTACT INFORMATION

Contact Person in the United States: _____ Relationship to You: _____

Emergency Contact E-mail: _____ Telephone Number: _____

Contact Person in Home Country: _____ Relationship to You: _____

Emergency Contact E-mail: _____ Telephone Number: _____
Country Code/City Code/Number

3. DEPENDENT INFORMATION

Will a Spouse or Children be with you? (Please Check One) Yes No If yes, please list:

Family Name First Name Relationship Date of Birth Country of Citizenship Country of Birth

Family Name First Name Relationship Date of Birth Country of Citizenship Country of Birth

4. F-1 VISA HOLDERS IN THE U.S.

If you are in the U.S. as an F-1 Visa holder and wish to transfer to the University of La Verne, please complete the following section:

Last School Attended in U.S.: _____

School Phone #: _____ Last Day of Study: ____/____/____

Visa Issue Date: ____/____/____ Visa Expiration Date: ____/____/____

Passport #: _____ Passport Expiration Date: ____/____/____

SEVIS ID #: _____ I-94 #: _____

Dates of Practical Training (if any): from ____/____/____ to ____/____/____

5. FIELD OF STUDY

Please complete the following section.

Level of Study (check one): Undergraduate Graduate

Major(s): _____

Graduate Students Only:

Please Check Appropriate Starting Term:

Fall Winter Spring Summer Indicate Entry Year _____
YYYY

Undergraduate Students Only:

Please Check Appropriate Starting Semester:

Fall Spring Indicate Entry Year _____
YYYY

6. SPONSOR AFFIDAVIT OF SUPPORT AND BANK STATEMENTS

All financial documents (Sponsor Affidavits and Bank Statements) **must be dated within the last three (3) months.** Faxed or emailed copies are acceptable for initial processing of the I-20. Original documents must be presented to the Office of International Services and Engagement before the start of classes for your entering term/semester. **Be aware that if you are applying for an F visa from your home country, you must present the original Bank Statement and Sponsor Affidavit to the Embassy.** Please Read Carefully. The I-20 application will not be processed if you are missing any of the financial documents listed below.

A. DECLARATION AND CERTIFICATION OF FINANCES - Please select from the following options based on your degree. Add \$6,000 per dependent if you are accompanied by a spouse or child.

- Undergraduate \$59,726
- MBA, MPA, MSLM, MFT, MSF, MACC \$33,216
- M.A. Education \$30,516
- M.P.A., M.S. Gero, MHA \$32,046
- D. Education (EdD) \$38,076
- D. Pub. Admin (DPA) \$38,076
- D. Psychology (PsyD) \$38,076
- J.D. (Law) \$44,676

B. SPONSOR AFFIDAVIT OF SUPPORT - Please obtain the signature of your sponsor. Remember, you can be your own sponsor.

Name of sponsor as indicated on bank statement (if you are sponsoring yourself - write your name): _____

Relationship to student (example: family member, friend, self): _____

I, _____ guarantee that funds in the amount of \$ _____ (refer to chart in Section 6-A for amount)

Sponsor Name

yearly will be available for _____ for the duration of her/his studies at the University of La Verne.

Name of Student

Name of Sponsor: _____ Sponsor Signature: _____ Date: ____/____/____

Please Print

DD MM YYYY

Please include Bank Statement with this application. Make sure that the Bank Statement is not older than three (3) months. All statements must be on bank letterhead, be dated, include the name of the account holder and the amount in the account. Account balance can be in your home country's currency.

7. SUPPLEMENTAL DOCUMENTS

Your I-20 Application cannot be processed until ALL items in the checklist below have been received in completed form.

Transfer Students – If you are in the United States attending another school, please provide the following documents:

- Completed I-20 Application Form - Be sure to complete both pages and all applicable sections of this application)
- Bank Statement dated within the last three (3) months. Statement must be yours or that of your sponsor.
- Signed Sponsor Affidavit - Section 6-B of this application
- Photocopy of the biographic page of your passport (passport picture page)
- Photocopy of your F-1 Visa (or J-1, H-1, H-4, etc., if you did a change of status in the U.S.)
- Copy of your I-94 Record. You can access your I-94 record at <https://i94.cbp.dhs.gov/i94/#home#section>
- Copies of all your previous I-20 documents
- Completed Transfer Form signed by the school you last attended – School Code: LOS214F00321000

Initial Students– If you are applying for an I-20 from your home country, please provide the following documents:

- Completed I-20 Application Form - Be sure to complete both pages and all applicable sections of this application)
- Bank Statement current within the last three (3) months. Statement must be yours or that of your sponsor.
- Signed Sponsor Affidavit - Section 6-B of this application
- Photocopy of the biographic page of your passport (passport picture page)

TO APPLY: Scan and email your documents to oiss@laverne.edu. Any questions, please call (909) 448-4331.

Emailed documents will be accepted for review and I-20 generation. Originals must be submitted prior to start of academic term.

8. STUDENT DECLARATION STATEMENT – Please read carefully before signing!

I fully understand that as an international student I must enroll in six credits (6) per term for graduate level programs and twelve (12) credits for undergraduate level programs. I will make normal and timely progress towards the completion of my degree as indicated by the length of my I-20. I further understand that failure to comply with all F-1 visa regulations, the academic requirements, and the University of La Verne academic and student conduct policies can result in the termination of my visa status. I further certify that all documents provided by me are true and correct and that all information provided in this application is accurate and complete and I accept the conditions put forth above.

Applicant Name _____ Applicant Signature _____ Date: ____/____/____
DD MM YYYY