

International Student Office

MABC I-20 Request Form

Student Name: _____
(as on passport) Last Name First Name Middle Name

TMU/S ID#: _____ SEVIS ID#: _____

Citizenship: _____ E-mail: _____

Phone #: _____ Program of Study: _____

Country of Birth: _____ Birth Date: _____
Month Day Year

Estimated Program Length: _____ Initial Entry Semester/Year: _____
Months

Date Classes Begin: _____ Date of Program Completion: _____
Month Day Year Month Day Year

Foreign Address: _____
Street Address

City Province/State/Territory Postal Code Country

Physical U.S. Address: _____
(While in school) Street Address Dorm/Room #

City Province/State/Territory Postal Code Country

F-1 Dependents

Name <i>exactly as on passport document</i> (Last, First, Middle)	Sex M/F	Relationship to Student	Birthdate MM/DD/YR	Country of Birth	Country of Citizenship



Financial Breakdown

Tuition: _____

Financial Aid Granted: _____

Medical Insurance: _____

Student Personal Funds: _____

Room & Board: _____

Parent Funds: _____

Books & Fees: _____

Sponsor Funds: _____

Dependent Costs: _____

Other (specify): _____

Total Cost: \$ _____

Total Funding*: \$ _____

*Total Funding needs to meet or exceed Total Cost. All funding must be proven through financial documents (ex. Parent/Student Affidavit Form, Sponsor Affidavit, Financial Aid Award Letter, etc.).

I certify that the information above is true and correct to the best of my knowledge.

Student Signature: _____

Date: _____

Once completed, please contact Josh English at iso@masters.edu or 661-362-2249.

FOR OFFICE USE:

Date Received: _____

Date Emailed/Completed: _____