



## **International Student Office**

## SIP Program I-20 Request Form

Student Name:						
(as on passport) Last Name  TMU/S ID#:  Citizenship:				First Name Middle Nam	Middle Name	
				SEVIS ID#:		
				E-mail:		
Phone #:				Program of Study:		
Country of Birth:				Birth Date: Month Day Year		
Estimated Program Length: (Weeks this summer)			ner)	Initial Entry Semester/Year:		
Date Classes Begin:				Last day of classes for summer:		
		Day			⁄ear	
Foreign Address:						
	Street A	Address				
City	Province/State/Ter			Territory Postal Code Country		
Physical U.S. Address:						
(While in school)				Dorm/Room	ı #	
City	Province/State/Ter			Territory Postal Code Country		

## F-1 Dependents

\*Only those who will be joining you during your time of study

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





## **Financial Breakdown**

Tuition:	Financial Aid Granted:
Room & Board:	Payments Already Made:
Books & Fees:	Sponsor Funds:
Dependent Costs:	Other:
Total Cost: \$	Total Funding: \$
*Total Funding needs to meet or exceed Total Cost. (ex. Parent/Student Affidavit Form, Sponsor Affidav	All funding needs to be proven through documents it, Financial Aid Award Letter, etc.)
I certify that the information above is true and cor	rect to the best of my knowledge.
Student Signature:	Date:
Once completed, please contact Josh Eng	glish at <u>iso@masters.edu</u> or 661-362-2249.
OR OFFICE USE: Date Received: Date	Emailed/Completed: