

International Student Office

Undergraduate Student I-20 Request Form

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

Citizenship: _____ E-mail: _____

Phone #: _____ Program of Study: _____

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

Date Classes Begin: _____ Anticipated Graduation: _____
Month Day Year Month Year

Foreign Address: _____
(Physical) 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

Mailing Address: _____
(For I-20 if different than Physical Address) Street Address

City Province/State/Territory Postal Code Country



THE MASTER'S
UNIVERSITY



THE MASTER'S
SEMINARY

Financial Breakdown

Tuition: _____

Financial Aid Granted: _____

Medical Insurance: _____

Student Personal Funds: _____

Room & Board: _____

Parent Funds: _____

Books & Fees: _____

Sponsor Funds: _____

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 your Admissions Counselor.

FOR OFFICE USE:

Date Received: _____

Date Emailed/Completed: _____