



For your I-20 (F-1) to be processed, you must submit this completed form with *original proof of funding, copy of passport ID page or national identification, dependent information and transfer form (if applicable)*. If you would like your original bank statement returned with the I-20 or DS-2019, please check the box on the bottom of the second page. No action will be taken on incomplete forms.

International students are not eligible for U.S. federally-funded financial aid. ISO does not maintain scholarship, grant, or loan information. Tuition, fees, living expenses, and health insurance rates are reviewed annually and typically increase each year.

### STUDENT INFORMATION

LAST/FAMILY NAME, capitalized

First/Given Name

Middle Name

Date of Birth: Month (MM), Day (DD), Year (YYYY)

Country of Birth

City of Birth

Gender:  Male  Female

Marital Status:  Single

Married

Country of Citizenship

Country of Legal Permanent Residence

Home Country Telephone Number

E-mail Address

Foreign Country Home Address Required →

*(Physical addresses only. If I-20/DS-2019 mailing address is different, please submit mailing address on separate sheet of paper.)*

Street Name, House or Apartment #

City

State/Province

Country

Country Mail Code

### DEPENDENT INFORMATION

Will family (spouse or children under 21) enter the U.S. with you?  No  Yes

If yes, attach the following information per family member:

- LAST NAME, First Name
- Date of Birth (mm/dd/yyyy)
- Birthplace (city and country)
- Country of Permanent Residence
- Relationship to you (husband, wife, son, daughter)
- Copy of marriage certificate, passport ID page or national identification

### CURRENT VISA INFORMATION

Are you currently in the United States?  No  Yes If yes, Current U.S. Visa Type: \_\_\_\_\_ (F-1, J-1, H-1B, etc.)

Are you currently attending or graduating from another school in the U.S.?  No  Yes

If yes, complete **SEVIS Transfer Form**, and enter current school name here: \_\_\_\_\_

**Transfer students must pick up their I-20 or DS-2019 at International Student Office. Documents will only be mailed to students traveling outside the U.S.**

## ESTIMATE OF EXPENSES

**A. Program (estimates based on one academic year)**
**Graduate, Adult and Special Programs**

	<i>Tuition</i>	<i>Check One</i>
Accelerated BSN	<u>\$28500.00</u>	<input type="checkbox"/>
BSOL – Adult Studies	<u>\$7400.00</u>	<input type="checkbox"/>
BSW – Adult Studies (128 hours required for graduation)	<u>\$9435.00</u>	<input type="checkbox"/>
Master of Arts in Education	<u>\$8095.00</u>	<input type="checkbox"/>
Master of Arts in Intercultural Studies	<u>\$7705.00</u>	<input type="checkbox"/>
Master of Business Administration	<u>\$8460.00</u>	<input type="checkbox"/>
Master of Christian Studies	<u>\$5880.00</u>	<input type="checkbox"/>
Master of Education (14-month program)	<u>\$12450.00</u>	<input type="checkbox"/>
Master of Social Work	<u>\$11550.00</u>	<input type="checkbox"/>
Education Specialist	<u>\$8580.00</u>	<input type="checkbox"/>

**Doctoral Programs**

Doctor of Education	<u>\$9900.00</u>	<input type="checkbox"/>
Doctor of Pharmacy	<u>\$27680.00</u>	<input type="checkbox"/>

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 Total Tuition

**B. Academic Program Fees (if applicable)**

Pharmacy Students	<u>\$1600.00</u>	<input type="checkbox"/>
Nursing Students (all special nursing programs)	<u>\$100.00</u>	<input type="checkbox"/>

\*does not include lab fees per class, etc.

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 Total Academic Fees

**C. Student Living Expenses**

	<b>9-month</b>	<b>12-month</b>
Room/Board/Books/Living Expenses, etc.	<u>\$9360.00</u>	<u>\$12480.00</u>

\*approximation for SEVIS purposes

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 Total Living Expenses

**D. Dependent Expenses**

Spouse Living Expenses	<u>\$5000.00</u>		
Child Living Expenses	<u>\$3000.00</u>	x	<hr/>
			# children
Spouse	<u>\$330/month</u>		
Child	<u>\$330/month</u>	x	<hr/>
			# children

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 Total Dep. Living Exp.

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 Total Dep. Health Ins.

**E. Health Insurance, Student Only (required)**

 (Student & Dependent Health Insurance is **required**; Amounts based on current non-athlete health insurance rates; annual increases expected – does not include cost of summer insurance or athletic premium – amount based on 10 month academic year)

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 \$850.00

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 Total Student Insurance

**F. TOTAL EXPENSES (Note: Total Expenses should be equal to or less than Total Support)**


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 \$ \_\_\_\_\_  
 (sum of items A-E)

## SOURCE OF SUPPORT

Union University	\$ _____
Personal or Family Funds	\$ _____
Home Government	\$ _____
Other (please describe)	\$ _____
<b>TOTAL SUPPORT</b>	\$ _____

**\*\*If university assistance does not cover all expenses, provide additional proof of funding in the form of an original, current bank statement that:**

1. Indicates the amount of money available (current balance)
2. Is signed and dated by bank official within the past 3 months
3. If the account is not in your name, the account holder must write a letter of permission for use of funds to support your study in the U.S.

These are the only types of financial proof(s) that will be accepted – Scanned, copied, or faxed documents will not be accepted

All funds must be in excess to any balance owed to Union University. If a balance remains, it must be included as an expense and additional proof must be shown that this balance will be paid.

Student account balances are due on or before the first day of classes in which the student is enrolling

If at any time after issuance of an I-20, it is discovered that the information provided on this form or the information provided as proof of finances is in any way fraudulent, consequences will ensue up to and including termination of my SEVIS.

I certify all information provided is accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_