



I-20 Application Form For F-1 Students

***Required Field**
Please type or print legibly

PART 1: Application Information

Sex*: Male Female Type of Visa*: F-1 Reason for I-20 Application*: Initial Attendance
 Initial Attendance (Change of Status) Transfer In

Applicant Name*: _____
Last Name First Name Middle Initial Title (if applicable)

Date of Birth*: ____/____/____ Country of Birth*: _____
Month Day Year

City of Birth*: _____ Country of Citizenship*: _____

I-94 #: _____
(if currently in the U.S.)

U.S. Driver's License: _____ Driver's License issued by State of: _____
(if applicable)

U.S. Social Security #: _____
(if applicable) (or Individual Taxpayer Identification Number)

Foreign Address*: _____
Address Foreign Telephone Number

Address

City State/Province/Territory Postal Code Country

U.S. Address: _____
Address

City State Zip Code

Primary Major*: "Second Language Learning"

PART 2A: Program Information

Start Date*: ____/____/____ End Date*: ____/____/____
Month Day Year Month Day Year

Course Duration*: _____ Campus*: _____
Number of weeks

Course Costs*:
A. \$ _____ Registration Fee (Non-refundable)
B. \$ _____ Postage/Courier fee (Non-refundable)
C. \$ _____ Accommodation Fee(Non-refundable)
D. \$ _____ Total for Accommodation (See Terms and Conditions for refund policies.)
E. \$ _____ Government Fees (Depending on status; select from details in part 2B.)
F. \$ _____ Total Tuition (See Terms and Conditions for refund policies.)
G. \$ _____ Total Due (Total lines A to F and enter the value on the application form.)

PART 2B: Mandatory Government Fees (May be paid directly to U.S. Department of Homeland Security)

- A. For a first time applicant (Initial Attendance): \$200 I-901 (SEVIS) Fee
- B. For an applicant currently in the U.S. on a tourist or other type of visa who wishes to apply for a change of status \$200 I-901 (SEVIS) Fee AND \$370 Form I-539 Processing Fee
- C. For an applicant transferring from another school with an I-20 No Government Fees Apply

PART 3: Student Financial Data

Expected Student Living Expenses: \$ _____

If applicable, expected living expenses for dependents: \$ _____

Total Living Expenses*: \$ _____

Include accommodation, meal, and other personal expenses for yourself and any dependents for your entire course of study.

NOTE: Language On offers accommodation options (Hotel, Homestay and Apartment.) Please contact the appropriate Language On school for information.

Funds will come from*:

A. Student's personal funds in the amount of: \$ _____

B. Funds from other sources in the amount of: \$ _____

Total Funding Available (A+B)** \$ _____

Origin of funds from other sources (if applicable): _____

** Total funding must cover all tuition, student services, fees, and living expenses as calculated in Part 2A and Part 3. Formal proof of availability of funds (e.g., bank certification of funds on deposit) is a requirement of the I-20 application process.

PART 4: DISCLOSURE ACKNOWLEDGMENT

I am applying for an I-20 (Certificate of Eligibility for Nonimmigrant [F-1] Student Status) as part of my application for a student visa, change of status to F-1, or transfer of my SEVIS record to improve my English language skills at Language On English Schools. I fully understand the terms and conditions as described to me in the *Terms and Conditions of Admission* provided by Language On, including the course study requirements, refund policies, and U.S. immigration reporting requirements. I am aware that, once my visa, change of status, or transfer is approved, information concerning my enrollment will be reported regularly to the U.S. Department of Homeland Security, as required by law.

Signed : _____ Date: _____
(Signature of parent or guardian if applicant is under 18 years of age)

PART 5: Dependant Information

Please complete the following information for your dependents.

Dependent Name: _____
Last Name First Name Middle Initial Suffix (if applicable)

Date of Birth: _____ / _____ / _____ **Sex:** Male Female
Month Day Year

Country of Birth: _____ **Country of Citizenship:** _____

Relationship: Spouse Child

Remarks: _____

Dependent Name: _____
Last Name First Name Middle Initial Suffix (if applicable)

Date of Birth: _____ / _____ / _____ **Sex:** Male Female
Month Day Year

Country of Birth: _____ **Country of Citizenship:** _____

Relationship: Spouse Child

Remarks: _____

Dependent Name: _____
Last Name First Name Middle Initial Suffix (if applicable)

Date of Birth: _____ / _____ / _____ **Sex:** Male Female
Month Day Year

Country of Birth: _____ **Country of Citizenship:** _____

Relationship: Spouse Child

Remarks: _____

Dependent Name: _____
Last Name First Name Middle Initial Suffix (if applicable)

Date of Birth: _____ / _____ / _____ **Sex:** Male Female
Month Day Year

Country of Birth: _____ **Country of Citizenship:** _____

Relationship: Spouse Child

Remarks: _____

Dependent Name: _____
Last Name First Name Middle Initial Suffix (if applicable)

Date of Birth: _____ / _____ / _____ **Sex:** Male Female
Month Day Year

Country of Birth: _____ **Country of Citizenship:** _____

Relationship: Spouse Child

Remarks: _____