

Request for Certificate of Eligibility (Form I-20)

Date _____

Name as it appears on your passport

Surname _____	Given Name _____
Birth Date: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth _____	City of Birth _____
Country of Citizenship _____	<input type="checkbox"/> Initial <input type="checkbox"/> Change of Status <input type="checkbox"/> Transfer Reason for Issue

Student Visa Requirements for New and Transfer Students

1) Request for Certificate of Eligibility (Form I-20)

Complete this form answering all questions.

2) Financial Statement & Records

An estimate of yearly expenses is provided below. Finances for the study terms/months must be available with bank statements. Bank statements for the last 60 days are required.

3) Valid Passport

A valid passport.

4) Cost

Type	Application Fee	I-901 SEVIS Fee	I-539 USCIS Fee	Total
New Student Visa	\$150	\$200	N/A	\$ 350
Reissued I20				\$ 150
Each additional I-20 (for dependents, lost, etc.)				\$ 100

Note: The fees listed above do not include the Visa interview fee held at the US Embassy in your country.

2017 Estimate for English for Internationals' International Students			
Tuition and Books	1 Term/2 Months	3 Terms/6 Months	6 Terms/12 Months
18 Class Hours	\$1,600	\$4,800	\$9,600
Books*	\$160	\$240	\$360
Total	\$1,760	\$5,040	\$9,960
Living Expenses			
Room and Board	\$1,000-1,600	\$3,000-4,800	\$6,000-9,600
Transportation	\$200	\$600	\$1,200
Personal	\$400	\$1,200	\$2,400
Insurance	\$90	\$270	\$540
Total Estimated Costs	\$3,450 - \$4,050	\$10,110 - \$11,910	\$20,100 - \$23,700
<p>*Books depend on the level of English study. Dependents will require additional finances. This form is valid only for the 2017 academic year. If you are admitted and you request a postponement of your admission, you will need to request a new I-20 form. Note: All tuition and fees are approximates and are subject to change without notice at any time.</p>			

Your Address in Your Home Country

Street and Number

Street and Number

City Province/Territory Country Postal Code

Phone Number: _____

Email Address: _____

Your Family

Will your family travel to the US with you? Yes No
 If Yes, please provide information below. Please note: financial support, identifying documents and additional fee payment must be provided for each family member.

Spouse Name _____

Child Name _____ Child Name _____

Child Name _____ Child Name _____

Expected Term of Enrollment (These are the start dates for the 4 Days a Week Program)

Winter – January 9, 2017 Spring II – May 8, 2017 Fall I – September 6, 2017
 Spring I – March 6, 2017 Summer – July 10, 2017 Fall II – October 30, 2017

Type of Admission: New Admission Transfer from US Institution

Expected Length of Study: One Year Six Months

Choose Your Schedule

I want to study:

<input type="checkbox"/> 4 Days per week	Monday – Thursday	9:00am – 1:30pm
<input type="checkbox"/> 4 Nights per week	Monday – Thursday	5:30pm – 10:00pm*
<input type="checkbox"/> 2 Days and Nights per week	Tuesday & Thursday	9:00am – 1:30pm & 5:30 – 10:00pm
<input type="checkbox"/> 2 Days and Nights per week	Monday & Wednesday	11:30am – 4:00pm & 5:30 – 10:00pm*

*Not all options are available for every level.

To be completed by applicants already in the US

Street and Number _____

City _____

State _____

Zip code _____

Phone# _____ Email: _____

F-1 Students Transferring to English for Internationals

Name of Current School _____

Address of Current School _____

Initial Entry into the US in F-1 Status: _____ I-94 Admission # _____
Month/Day/Year Please go to: www.i94.cbp.dhs.gov and print

Last Date in Previous School _____ English for Internationals Start Date _____
Month/Day/Year Month/Day/Year

Georgia Address of Contact Person (This person must speak English.)

Contact Person: _____
First Name Last Name

Street and Number _____

City _____

State _____

Zip Code _____

Phone # _____

E-mail _____

Financial Statement & Records

English for Internationals requires documentation of guaranteed support for the term of study. Total amounts MUST meet or exceed the estimate of expenses on page 1. Attach original financial reports (previous 60 days).

Source of Financial Support

Name of Bank _____

Address _____
City Country

GUARANTEED SUPPORT

TOTAL Amount in US Dollars \$ _____

(The total must equal the estimate of expenses for term of study.)

To be completed by **Financial Sponsor**.

This promise of support is made for the purpose of assuring the United States Government that the person(s) named in this application will not become a public charge in the United States and that I am willing and able to receive, maintain, and support the person(s) named.

I, _____		living at _____	
Sponsor Name		Street and Number	

Street and Number			

City	State	Postal Code	Country
born on _____		at _____	
Month/Day/Year		City	Country

will support _____		_____	
First Name	Middle Name	Family Name	

Citizen of Country		Relationship to Student	

Sponsor's employment _____			
Name of Business		Type of Business	

City	State	Postal Code	
Annual Income		\$ _____	
I swear (affirm) that the contents of this document signed by me and all the statements included are true and correct.			
Signature of Sponsor _____		Date _____	

THE FORM I-20 WILL NOT BE ISSUED UNTIL ALL REQUIREMENTS FOR FINANCIAL RECORDS ARE MET.

By signing my name to this form, I certify that the information above is a correct statement of my arrangements for financing my studies at **English for Internationals**.

 (Student's signature) (Date)

 (Please Print Name)