

## Attaining your I-20 from Stetson University for your F-1 Student Visa Application

Please follow these instructions carefully!

## Are you applying for an F-1 student visa for the first time?

**YES** – If you are applying for a student visa for the *first time*, you will need to submit the following:

- Complete the accompanying Certification of Finances
- Copy of any bank statements or other proof of finances equaling the \$52,000 necessary for a year of study (including any scholarships you are awarded)
- Photocopy of your passport's information page

**NO** – If you are transferring your SEVIS record over to Stetson University from another U.S. school:

- Complete the above items for first time student visa applicants
- Provide a photocopy of your current student visa
- Provide a copy of your current form I-20
- Request a <u>Transfer Clearance Form</u> from either <u>rdhansen@stetson.edu</u> or world@stetson.edu and provide it to your current/previous school; your school will then need to transfer your SEVIS record over to Stetson (once you have graduated or completed your classes for the semester) so that we can issue you a new I-20

You will need to provide this checklist along with the accompanying Certification of Finances and other required supplemental materials to rdhansen@stetson.edu or world@stetson.edu.

Please be sure that your Certification of Finances demonstrates that you and your family are capable of providing the funding necessary for an entire year at Stetson University (including any scholarships you are awarded). *Here is a breakdown of those expenses:* 

| Expenses                  | Per Semester | Per Year |
|---------------------------|--------------|----------|
| Tuition (nine months):    | \$18,990     | \$37,980 |
| Student Life Fee:         | \$175        | \$350    |
| Residence Hall (average): | \$3,181      | \$6,362  |
| Meal Plan (maximum):      | \$2,405      | \$4,810  |
| Other Misc. Expenses:     | \$1,000      | \$2,000  |
| TOTAL:                    | \$25,751     | \$51,502 |



## Return directly to the college providing or requesting this statement.

## INTERNATIONAL STUDENT CERTIFICATION OF FINANCES 2012-13 CONFIDENTIAL

| inspiring                                                            | minds™                                                                                                           |                                           |                                                   | •                                     |                                        |                                                                                                                                                                                                        |                                       |                         |                                | CONFIDENTIAL                     |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|---------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------|--------------------------------|----------------------------------|
| Mr.<br>1. YOUR Ms.                                                   |                                                                                                                  |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        | 4. DATE OF I                          | BIRTH                   |                                | 7. EXPECTED VISA TYPE  ☐ F-1     |
| NAME Mrs<br>Miss FAM                                                 | Mrs.                                                                                                             | (surname)                                 | GIVE                                              | N (first)                             | MIDD                                   | LE                                                                                                                                                                                                     | MONTH                                 | DAY                     | YEAR                           | □ F-2<br>□ J-1                   |
| 2. PERMANENT ADDRESS                                                 | (Circle Offic)                                                                                                   |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        | 5. PLACE OF                           | BIRTH (co               | ountry)                        | □ J-2<br>□ G-1<br>□ G-2<br>□ G-3 |
| 3. MAILING<br>ADDRESS<br>(If different<br>from above)                |                                                                                                                  |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        | 6. COUNTRY                            | OF CITIZE               | ENSHIP                         | G-4  H Other (specify)           |
|                                                                      | ted amount of annual su                                                                                          |                                           |                                                   |                                       |                                        | 9. 0                                                                                                                                                                                                   | FFICIAL CERTIFIC                      | CATION OF               | SOURCES (                      | OF FUNDS AND AMOUNTS             |
| dollars. Please PRINT all entries. Use an STUDENT'S SOURCES OF FUNDS |                                                                                                                  | ASSURED<br>SUPPORT                        | PROJECTED SUPPORT                                 |                                       |                                        | This is to certify that I have read the information furnished by the applica on this form, that it is a true and accurate statement, and that the funds a available and will be provided as indicated. |                                       |                         |                                |                                  |
|                                                                      |                                                                                                                  | 2012-13                                   | 2013-14                                           | 2014-15                               | 2015-16                                | SIGNATURE OF<br>BANK OFFICIAL                                                                                                                                                                          |                                       |                         |                                |                                  |
| 8a. PERSONAL O                                                       | R FAMILY SAVINGS                                                                                                 |                                           |                                                   |                                       |                                        | TITL                                                                                                                                                                                                   | Е                                     |                         |                                |                                  |
| NAME                                                                 | OF BANK                                                                                                          |                                           |                                                   |                                       |                                        | NAM                                                                                                                                                                                                    | IE OF BANK                            |                         |                                |                                  |
|                                                                      | nature is required on                                                                                            |                                           |                                                   |                                       |                                        | ADD                                                                                                                                                                                                    | RESS                                  |                         |                                |                                  |
| the certification if the                                             | ne student is partially<br>by personal savings.                                                                  |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        | E                                     |                         |                                |                                  |
| 8b. PAF                                                              | RENTS                                                                                                            |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        |                                       |                         |                                | ion statement above).            |
| Money availa                                                         | ble from sources<br>vings.                                                                                       |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        | NATURE OF<br>ENT                      |                         |                                |                                  |
| FATHE                                                                | R'S NAME                                                                                                         |                                           |                                                   |                                       |                                        | ADD                                                                                                                                                                                                    | DRESS                                 |                         |                                |                                  |
|                                                                      | ER'S NAME ribe the source:                                                                                       |                                           |                                                   |                                       |                                        | DATI                                                                                                                                                                                                   | <br>E                                 |                         |                                |                                  |
|                                                                      |                                                                                                                  |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        | <u> </u>                              |                         |                                |                                  |
| 8c. SPOI                                                             | NSORS                                                                                                            |                                           |                                                   |                                       |                                        | Spor                                                                                                                                                                                                   | nsor's signature                      | is required             | d (see certific                | cation statement above).         |
| Money availad                                                        | ble from sources<br>rents.                                                                                       |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        | NATURE OF<br>NSOR                     |                         |                                |                                  |
| SPONSO                                                               | DR'S NAME                                                                                                        |                                           |                                                   |                                       |                                        | ADD                                                                                                                                                                                                    | ORESS                                 |                         |                                |                                  |
| SPONSO                                                               | DR'S NAME                                                                                                        |                                           |                                                   |                                       |                                        | REL                                                                                                                                                                                                    | ATIONSHIP OF<br>NSOR TO STUDE         | ENIT                    |                                |                                  |
| Please describe the source:                                          |                                                                                                                  |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        | E                                     |                         |                                |                                  |
| 8d. YOUR GO                                                          | VERNMENT                                                                                                         |                                           |                                                   |                                       |                                        | 13. 1                                                                                                                                                                                                  | How will you pay                      | for your tr             | ansportation                   | to the U.S.?                     |
|                                                                      |                                                                                                                  |                                           |                                                   |                                       |                                        | 14.                                                                                                                                                                                                    | What is the total                     | amount of               | money you e                    | expect                           |
| NAME (                                                               | OF AGENCY                                                                                                        |                                           |                                                   |                                       |                                        |                                                                                                                                                                                                        |                                       |                         |                                | n? U.S. \$                       |
| Enclose a signed of award with th                                    | copy of your letter is form.                                                                                     |                                           |                                                   |                                       |                                        | <b>15.</b> 1                                                                                                                                                                                           | Do you plan to re                     | main in the             | U.S. during t                  | he summer?   Yes   No            |
|                                                                      | TOTAL >                                                                                                          | \$                                        | \$                                                | \$                                    | \$                                     |                                                                                                                                                                                                        | If remaining in the                   | -                       | -                              |                                  |
| currency to the                                                      | sent exchange rate of you<br>U.S. dollar (for example, 3                                                         | 100  pesos = \$1)                         |                                                   | · · · · · · · · · · · · · · · · · · · |                                        |                                                                                                                                                                                                        | summer school?.  What are the sou     |                         |                                |                                  |
|                                                                      | nnment currently impose No If YES, describe                                                                      |                                           | exchange and r                                    | elease of funds                       | for study in                           | í                                                                                                                                                                                                      | available to you d                    | uring the s             | ummer?                         | AMOUNTU.S. \$                    |
| 12. Do you have a s                                                  | source for emergency furce.                                                                                      | nds once you arr                          | Amou                                              | nt available U.S. dollars \$_         |                                        |                                                                                                                                                                                                        |                                       |                         |                                | U.S. \$U.S. \$                   |
| until this form is applying. The ins                                 | OF ELIGIBILITY (Form I-<br>completed and returned<br>stitution will attach a copy<br>th the form and certificate | to the institution of this form to y      | rill not be authon to which you a rour CERTIFICAT | rized I cert                          | ify that the infor<br>erstand that any | mation<br>misre                                                                                                                                                                                        | on this form is t<br>presentation may | rue, correc<br>be cause | t and comple<br>for refusing o |                                  |
| This is to certify that declaration and atta                         | I have reviewed the sched documents, if prove issuance of a                                                      | SIGNATURE O<br>COLLEGE OFF<br>NAME OF INS | TICIAL                                            |                                       |                                        |                                                                                                                                                                                                        | CE USE ONLY                           | TITLE                   |                                |                                  |

DATE