

Certificate of Eligibility (I-20/DS-2019) Request for UNDERGRADUATES

This request is for: [] visa application [] entry of dependent(s) [] change of status [] program extension [] travel [] Other: _____

Name: _____ Last/Family _____ First _____ Middle _____

Student ID #: _____ Male [] Female [] Date of Birth: _____ Month/Day/Year

Local (U.S.) Address: _____ House No., Street, and Apartment No. (if applicable) _____ City _____ State _____ Zip Code _____

Foreign Address: _____ Street Address _____ City _____ State/Province _____ Country _____ Postal Code _____

Phone Numbers: Cell/Mobile: _____ Work/Dept.: _____

Country of Citizenship: _____ Country of Birth: _____ SEVIS Number: N _____

Are you currently doing Practical Training? Yes [] No [] Expiration Date: _____ Month/Day/Year

SOURCES AND AMOUNT OF FINANCIAL SUPPORT:

Personal funds of the student..... \$ _____

Family funds from abroad or in the United States..... \$ _____

Departmental Support/Grant/Fellowship..... \$ _____

Please attach documentation to verify your financial support. TOTAL \$ _____

Please see financial eligibility requirements for further information.

Dependent Information (if applicable)

If your spouse and/or child(ren) accompany you on your re-entry into the U.S., or if the I-20 is for their independent travel, list the following:

Table with 5 columns: LAST NAME, FIRST NAME, DATE OF BIRTH, CITY/COUNTRY OF BIRTH, COUNTRY OF CITIZENSHIP. Rows 1, 2, 3 with labels (spouse), (child), (child).

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature _____ Date _____

Undergraduate Financial Eligibility Requirements

You need to request a new COE (I-20/DS-2019) when:

1. You have lost your COE (I-20/DS-2019)
2. Your major or program level changes
3. You need a dependent COE (I-20/DS-2019)
4. Your COE is expiring soon and you need a program extension
5. Your financial support has changed significantly

If you require a new COE, be aware that under normal circumstances, **IT WILL TAKE ONE WORK WEEK TO PREPARE.** Please read and complete the requested information very carefully. We ask that you print as neatly as possible since handwriting is sometimes difficult to read. **Incomplete information will delay the preparation of your form.**

According to our estimates, minimum expenses for the year are listed below. Please refer to these figures when completing the "Sources And Amount Of Financial Support" section. The figures below include tuition, fees, health insurance, cost for books, and living expenses for nine months. **You must attach documentation that verifies your source(s) of financial support. If you have a sponsor, your sponsor must sign a Confidential Financial Statement.**

Academic Year (9 months)

Tuition, Fees, Health Insurance	\$41,133
Living expenses	\$17,867
Total for single student:	\$59,000

If you have your spouse with you:	\$3,500
If you have a child with you:	*\$3,000
Total (spouse/1 child):	\$62,500/\$65,500

*for each additional child, add another \$3,000

Per quarter (3 months)

		Summer Fees Only
Tuition, Fees, Health Insurance	\$13,711	\$1,500 per class
Living expenses	\$5,956	\$5,956
Total for single student:	\$19,667	**\$7,456

If you have your spouse with you:	\$1,167	\$1,167
If you have a child with you:	*\$1,000	\$1,000
Total (spouse/1 child):	\$20,834/\$21,834	**\$8,623/\$9,623

*for each additional child, add another \$1,000

**amount will vary depending on number of classes.