

PURPOSE OF THIS FORM

International students seeking to study under the F-1 visa at Florida Polytechnic University must complete this form to request Form I-20 (I-20). All applicable sections must be completed and submitted to ISS@floridapoly.edu with the required evidence identified on this form. An incomplete form and missing evidence will delay the issuance of the I-20.

Please Remember to submit the following items with this form:

- ✓ **Color Copy Passport:** expiration must be [valid for at least six months](#) beyond your stay in the United States (US).
- ✓ **Financial Evidence:** You must have sufficient funds to finance your studies and living expenses in the US.

SECTION 1: STUDENT PERSONAL INFORMATION

Last Name: _____ First/Middle Name: _____ Suffix _____

Preferred Name: _____ *(this can be a nickname or alternate name you prefer to be called)*

Birth Date *(MM/DD/YYYY)*: _____ Country of Birth: _____ Country of Citizenship: _____

City of Birth: _____ Gender: _____

Foreign Address: Street Address *(non-US)*: _____ Apt/Unit #: _____

City: _____ Province/Territory: _____ Postal Code: _____

Country: _____ Email Address: _____ *(provide personal email that you check often)*

Home Telephone: Country Code: + _____ Number: _____ Cell *(or other number)*: _____

F-1 Transfer Students ONLY

Please complete the: [SEVIS Transfer Request](#) in addition to this form, **only** if you are an F-1 student studying at another SEVP-certified school and are transferring to Florida Poly.

- If your school has their own transfer process please complete it and provide them:
 - **Florida Polytechnic University's SEVIS CODE: MIA214F53904000**

NOTE: *If you have not been enrolled at your current school for more than 5 months or have not yet attended the school that issued your Initial I-20, please notify [ISS](#), as you may be required to apply for [Reinstatement](#).*

Non-F-1 Visa Holders Changing to the F-1 Visa ONLY

Please view and complete the steps listed on the: [Change to F-1 Status Guide](#) in addition to this form, **only** if you currently hold another visa or nonimmigrant status and want to apply to change to the F-1 Visa.

SECTION 2: STUDENT PROGRAM OF STUDY & HOUSING PLANS

Major: _____ Education Level *(check one)*: Undergraduate Graduate

Please check your intended housing plans: On-Campus Off-Campus

SECTION 3: DEPENDENTS

Will your [legal dependents](#) be residing in the US with you? Yes No

- If **yes**, complete the [F-1 Dependent I-20 Request](#) and submit with this form via email to ISS.

***The US defines legal dependents as one spouse and unmarried children under the age of 21.**

SECTION 4: EVIDENCE OF FINANCIAL ABILITY

F-1 students must provide evidence of the financial resources that will cover their estimated costs of attendance (COA) to live and study in the US, until the completion of their program of study. Estimated COA include tuition and fees, housing, [mandatory health insurance](#), meals, books and supplies, transportation, and other living expenses.

Financial Evidence Criteria:

[Evidence of financial ability](#) must confirm student's source(s) of funds, the total amounts, and meet the following criteria:

- Documentation **cannot be dated more than 6 months prior** to the I-20 issue date, and must include the account holder's, agency, or organization's full name(s).
- Documentation **must be in English** or have an **English translation** submitted with it.
- Currency must be **converted into USD** or a [USD conversion](#) must be provided.

Examples: Banking statements or certification letters, scholarship, grants or other financial aid award letters, investment statements, documents on letterhead from sponsoring organizations. Additional evidence may be requested by ISS.

Estimated Costs of Attendance:

Please view the chart below to confirm the [estimated \(COA\) costs of attendance](#) for non-resident students.

- You must add an estimate of **\$3000 per dependent if they will accompany you in the US** (see Section 3).

Education Level	Tuition & Fees <i>*Non-Resident</i>	Room & Board	Books	Transportation & Other Expenses	Health Insurance <i>*Required Coverage</i>	Total
Undergraduate	\$21,005	\$12,940	\$1,148	\$3,873	\$1,200	\$40,166
Graduate	\$19,998	\$12,940	\$1,148	\$3,873	\$1,200	\$39,159

**Estimated COA are not your bill; actual costs may vary. Summer terms are not included in estimates; students should be prepared for this additional expense and others, as applicable .*

SECTION 5: IDENTIFY SOURCE OF FUNDS

Enter the source of funds and total amounts **(in USD)** that will be used to cover estimated COA for one academic year (fall and spring). Please ensure the required evidence is submitted and utilize the above chart above to **ensure total source of funds meets or exceeds the required estimates.**

Student's Personal Funds

- Enter Total Amount:** _____
- Evidence Required:** Attach copy of official banking statement or certified bank letter confirming account(s) total(s) or other financial documentation that confirms liquid assets.

Graduate Assistantship (GA) *(amounts calculated in parenthesis; enter these amounts if receiving a GA)*

Total of Tuition Waiver/Scholarship (\$19,998): _____ **Total Amount of Stipend (\$8000):** _____

- Evidence Required:** Attach copy of your signed GA award letter

Latin & Caribbean (LAC) Scholarship *(amounts calculated in parenthesis; enter these amounts if receiving the LAC Scholarship)*

Total Amount of Scholarship (\$1,000): _____ Total of In-State Tuition Waiver (\$16,065): _____

- **Evidence Required:** Attach copy of your signed LAC Scholarship award letter.

Other Florida Poly Financial Aid *(List additional scholarship, grants, or fellowships awarded by Florida Poly that are not listed above)*

- **Enter Total Amount:** _____
- **Evidence Required:** Attach copy of signed award letter or a screenshot of financial aid screen from student account.

Financial Support from Family/Friends

- **Enter Total Amount:** _____
- **Evidence Required:** If you will receive financial support towards your estimated costs by family, friends, or other party they must complete the [Sponsor Affidavit of Support](#) and provide the required evidence listed on this form;
AND/OR
 - If you will receive free room and board while studying in the US the party sponsoring you must complete the [Sponsor Affidavit: Free Room & Board](#) and provide the required evidence listed on the form.

Government or Sponsoring Agency or Other Source of Funding *(from external sources outside of Florida Poly)*

- **Enter Total Amount:** _____
- **Evidence Required:** Attach copy of the award letter or letter of support from the government/sponsoring agency; or copy of grant statement, loan approval, or other statement to verify funding.

STUDENT CERTIFICATION

My signature certifies my understanding, the validity of all information provided and intent to meet all requirements **prior** to arriving in the US. I understand if I fail to comply, this can prevent enrollment, result in a delayed start date, or the ineligibility to study in the US. I will contact [Admissions](#) or [ISS](#) if I need assistance **prior** to my I-20 start date.

1. A color copy of my passport is attached with a valid expiration date of at least 6 months beyond my intended stay in the US.
2. I understand estimated costs of attendance (COA) are not my actual bill, the summer term is not included in these costs, and that I must budget for any additional expenses.
3. I have included evidence of my financial ability to cover estimated COA and my total funds meet or exceed these costs.
4. I understand I am required to purchase health insurance and provide evidence of coverage, **prior** to arriving in the US.
5. I understand if bringing dependents with me I must add an additional \$3000 per dependent to my estimated COA.
6. If I am a transfer student, I am also submitting the SEVIS Transfer Request to have my F-1 record transferred.

Print Your Full Name: _____ Date: _____

Student Signature: _____

STUDENT'S PARENT MUST COMPLETE THIS SECTION ONLY IF STUDENT IS A MINOR (under 18 years of age)

Print Parent Full Name: _____ Date: _____

Parent Signature: _____