Instructions: The Form I-20 is required for the purpose of obtaining an F-1 student visa. Please complete all sections of this application as they relate to you. Submit the completed Form I-20 Application with passport copies and financial documents to the Office of International Admissions & Services at Kutztown University by mail, fax, or email to receive your Form I-20 by mail. The Office of International Admissions & Services is not permitted to email or fax the Form I-20.

Section I. Student Details

Please enter your name in English exactly as it appears in your passport. You must provide a copy of the biographical information page of your passport with this application to confirm all details.

Are you applying for: □ F-1 student visa, or □ Change of status to F-1 student (students currently in the U.S. only)

Last (Surname/Primary/Family) Name: __________________________________________________________________

First (Given) Name: __________________________________________________________________________________

Preferred Name: ____________________________________________________________________________________

Section II. Student Citizenship

City of Birth: __________________________________ Country of Legal Permanent Residence: ___________________

Section III. Student Permanent non-U.S. Address for I-20

Address 1 (number and street): ________________________________________________________________________

Address 2: _________________________________________________________________________________________

City: _________________________________________ Province: ____________________________________________

Country: ______________________________________ Postal Code: _________________________________________

IV. Mailing Address for I-20

Address 1 (number and street): ________________________________________________________________________

Address 2: _________________________________________________________________________________________

City: _________________________________________ State/Province: _______________________________________

Country: ______________________________________ Postal Code: _________________________________________

Phone number for delivery: ______________________ Email for delivery: ____________________________________

V. SHIPPING PREFERENCE for I-20

Do you plan to pay for express mailing of your I-20? □ No □ Yes

If Yes, please review the Express Document Shipping information at www.kutztown.edu/studentvisa for instructions.
Section VI. Dependent Information

Only an unmarried child under the age of 21 years or a spouse is considered to be a dependent for the purpose of obtaining an F-2 dependent visa. You must provide a copy of the biographical information page of the passport for all dependents. Attach additional sheets if necessary for additional dependents. You do not need to complete this section if you are not married, do not have children, or do not plan for your spouse and children to apply for F-2 status.

Will you have any F-2 dependent spouse or children? □ Yes – Complete Section VI. □ No – Go to Section VII.

First Dependent Information
Relationship: □ Spouse □ Child
Surname/Primary/Last/Family Name: ________________________________________________________________
First (Given) Name: _____________________________________________________________________________
Date of Birth: ___________________________ Gender: □ Male □ Female
City of Birth: ___________________________ Country of Birth: ___________________________
Country of Citizenship: ______________________ Country of Legal Permanent Residence: ________________

Second Dependent Information
Relationship: □ Spouse □ Child
Surname/Primary/Last/Family Name: ________________________________________________________________
First (Given) Name: _____________________________________________________________________________
Date of Birth: ___________________________ Gender: □ Male □ Female
City of Birth: ___________________________ Country of Birth: ___________________________
Country of Citizenship: ______________________ Country of Legal Permanent Residence: ________________

Additional dependents may be listed on a separate page if needed.

Section VII. Current Status

Are you currently in the U.S.? □ Yes – Complete Section VII. □ No – Go to Section VIII.
What is your current visa type? __________________ When does your current visa status expire? ________________

If you do not have F-1 status, please tell us how you plan to get F-1 status:
□ Change of status in the U.S.
□ Travel to get the correct status
□ Reinstatement
Section VIII. Transfer Information

Are you transferring a SEVIS record from another U.S. institution? □ Yes – Complete Section VIII. □ No – Go to Section IX.

Student Section
You will have to request that your SEVIS record be transferred to Kutztown University. We require additional information from your current institution before accepting your transferred SEVIS record. Please print and sign your name before giving this form to the Designated School Official (DSO) at your current institution. The form must be sent to KU by a DSO.

Student Name (Printed): ________________________________________________________________________________________

Student Email: ________________________________________________________________________________________________

Semester you plan to enroll at Kutztown University: _________________________________________________________________

I grant permission for the information requested below to be forwarded to Kutztown University.

Signature: _______________________________________________________ Date: ______________________________________

Please give the Section VII. Transfer Information page to the DSO at your current institution to complete and submit to KU.

DSO Section
Attention Designated School Official: Thank you for completing this section of the form and sending it by mail, email, or fax to the Office of International Admissions & Services at Kutztown University; please see contact information below.

Is the student’s data in SEVIS? □ Yes □ No

SEVIS ID: ____________________________________________

Current SEVIS end date: _________________________ SEVIS transfer release date: _____________________________

To the best of your knowledge, has this student maintained full-time enrollment? □ Yes □ No

If no, please explain. ______________________________________________________________________________________________

Please list any CPT, OPT, or off-campus work authorizations. ______________________________________________________

______________________________________________________________________________________________

__________________________________________________________________________________________________

Please list any Reduced Course Load (RCL) authorizations. _______________________________________________________

__________________________________________________________________________________________________

Is this student eligible to continue at your institution? □ Yes □ No

If no, please explain. ______________________________________________________________________________________________

DSO Name (Printed): ________________________________ DSO Title: ___________________________________________

DSO email: ________________________________________ DSO phone number: __________________________________

DSO Signature: _____________________________________ Date: _______________________________________________

Kutztown University of Pennsylvania SEVIS code: PHI214F00311000

Office of International Admissions & Services
Kutztown University
P.O. Box 730
Kutztown, PA 19530

Phone: 484-646-4256
Fax: 610-683-1356
Email: international@kutztown.edu
Section IX. Financial Information

The United States government requires all international applicants to provide proof of their ability to pay tuition, fees, and living expenses for the full length of their program of study. Kutztown University of Pennsylvania requires evidence of financial support to issue the Form I-20. Please be aware that you will not be able to pay for the full amount of your educational expenses by working while you are in the United States. U.S. government regulations strictly limit employment authorization and require that holders of student visas must be full-time students. Therefore, your job opportunities are extremely limited.

You will need to submit evidence of financial resources available to you for the “Total Amount to be Verified for One Year of Study” amount listed below from your own assets or a sponsor. You must also show that you have continued financial support for the duration of your academic program using your own funds or funds provided by sponsors. If you have been awarded an institutional tuition waiver or graduate assistantship, you can reduce the overall amount of required funding you have to prove based on your institutional financial aid. All sponsors must complete the Affidavit of Financial Support, which is page five (5) of this document. You may submit multiple copies of page five (5) if you will have multiple sponsors.

Here is a list of acceptable documents:
- Six consecutive months of bank statements
- Bank loans for educational purposes
- Scholarship letters
- Investment statements indicating liquid assets
- Government funding guarantor letter

Submit only copies of official financial documents; you will need to take the official financial documents to your visa interview. All documents must be less than two months old and translated to English. Provide a description of currency type if not explicitly stated on the document.

TOTAL Estimated Expenses for One Academic Year

<table>
<thead>
<tr>
<th></th>
<th>Bachelor’s (12-18 credits per semester)</th>
<th>Master’s (9 credits per semester)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$11,574*</td>
<td>$13,932</td>
</tr>
<tr>
<td>Administrative Fees</td>
<td>$3,797</td>
<td>$2,418</td>
</tr>
<tr>
<td>Housing &amp; Meals</td>
<td>$11,043**</td>
<td>$11,800</td>
</tr>
<tr>
<td>Books &amp; Personal Expenses</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Total Amount to be Verified for One Year of Study</strong></td>
<td><strong>$31,414</strong></td>
<td><strong>$33,150</strong></td>
</tr>
</tbody>
</table>

*Represents reduced tuition rate for first-time freshman and transfer students to Kutztown University. For second degree and other students, the non-discounted tuition rate is currently $19,290 for one year which makes the Total Amount to be Verified for one year $39,887 USD.

**Housing & Meals expenses includes $600 fee for on-campus housing during winter break, approximately mid-December to late January

- Tuition and fees cost based on 2019-2020 fall and spring semesters only.
- Bachelor’s degree fees include $313 first-time student fees and master’s degree fees include one-time $50 academic records fee for new students.
- Students should also budget for transportation to/from Kutztown University and summer break housing, if applicable.
- Fees are subject to change without notice. Tuition and fees may increase 3-6% per year, on average.
- Dependent support: Student must show an additional $6,500 of support for a spouse and each child.
- This a moderate budget; housing, meals, books and personal expenses may vary.
- I-20 amount will be reduced by any financial aid you receive in the form of waivers, scholarships, or graduate assistantships, where applicable.
- For more information about local cost of living in the area of Kutztown University, please see the Living Wage Calculator. KU is located in Berks County, Pennsylvania.
Please complete all sections of this form and answer all questions. PRINT CLEARLY for the accuracy of the Form I-20. Write NA if a section or question is not applicable to you. **NOTE: Yearly Amount of Support Promised to Student is a REQUIRED FIELD. The total from all sponsors MUST equal the TOTAL Amount to be Verified per the Chart on Page 4.

### Student’s Information
- **Student’s KU ID Number:**
- **Student’s Last (Family) Name:**
- **Student’s First (Given) Name:**
- **Student’s Annual Income:**
- **Student’s Personal Savings:**
- **Student’s Signature:**
- **Date:**

### Family Financial Support Information

#### Parent/Guardian 1
- **Last (Family) Name:**
- **First (Given) Name:**
- **Occupation AND Employer Name:**
- **Annual Salary:**
- **Other Income:**
- **Please describe other income:**
- **Relationship to student (mother, father, guardian, etc.):**
- ****Yearly Amount of Support Promised to Student in US Dollars:**
- **Signature:**
- **Date:**

#### Number of people in family parents/guardians must financially support:

#### Parent/Guardian 2
- **Last (Family) Name:**
- **First (Given) Name:**
- **Occupation AND Employer Name:**
- **Annual Salary:**
- **Other Income:**
- **Please describe other income:**
- **Relationship to student (mother, father, guardian, etc.):**
- ****Yearly Amount of Support Promised to Student in US Dollars:**
- **Signature:**
- **Date:**

### Sponsor Information ( anyone other than the student, parent or guardian who will financially sponsor student’s education)
- **Last (Family) Name:**
- **First (Given) Name:**
- **Occupation AND Employer Name:**
- **Annual Salary:**
- **Other Income:**
- **Please describe other income:**
- **Relationship to student:**
- ****Yearly Amount of Support Promised to Student in US Dollars:**
- **Signature:**
- **Date:**