



F Certificate of Eligibility (SEVIS I-20) Application Form

Section I. Student Information

1	Name: Last	First	Middle
2	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
3	Birth Date: (mm/dd/yyyy)	Birth City:	Country:
4	Major: <input type="checkbox"/> AA <input type="checkbox"/> AAS <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
5	Country of Permanent Legal Residence:		
6	Country of Birth:		
7	Last position/Occupation in Home Country		
8	A) Foreign Address (P.O. Box Not Acceptable):		
	Tel: Email:		
	B) U.S. Address (P.O. Box Not Acceptable):		
	Tel: Email:		
9	Will student receive a stipend/scholarship from Temple College? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, from what department?		Amount?
10	If a student is not receiving a stipend/scholarship from TC, how will he/she support him/her self?		
	<input type="checkbox"/> Personal Funds <input type="checkbox"/> Government Funds <input type="checkbox"/> Parents <input type="checkbox"/> Sponsor/Friend <input type="checkbox"/> Other		
	Proof of Funding must be provided. <u>Note: the minimum amount of funding must total \$13,167/year for general degrees or \$13,527/year for health science degrees for tuition and living expenses for an F-1 student.</u> (Funding amount required could change each year).		
11	List the names, relationships, citizenships, birthdates, and birthplaces of ALL dependent family members (Spouse and unmarried children under the age of 21 only) who will accompany the student.		
	Note: The minimum amount of funding required per dependent is \$3,600. Correct spelling is EXTREMELY important; names should appear as on passport.		
	Please provide a copy of passport name page for each dependent.		

Family name	Given name	Middle name (Required)	Relationship to applicant	Country of citizenship	Country of legal permanent residence	City and Country of birth	Birth date (mm/dd/yyyy)
						,	
						,	
						,	

Section II. Department Information, if applicable
(ex: receiving a departmental scholarship)

12	Sponsoring Department:
13	Name and Title of Department Contact: Phone Number: _____ Email: _____
14	Projected Program Start Date and End Date From: (mm/dd/yy) To: (mm/dd/yy)
15	Please give a brief description of activity the student will be engaged in under this program (REQUIRED):

Section III. Other Relative Data
Complete only if student is currently in the U.S.

16	Current visa status:
17	U.S. Phone Number:
18	Transfer In Applicable: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Current Institution: Current International Advisor Name: Tel: _____ Email: _____
19	SEVIS Number: I-94 Number: I-20 Valid From: (mm/dd/yy) To: (mm/dd/yy) Passport Issuance Country: Passport Expiration Date:

20	If Student is on OPT (Must attach copy of EAD card)
	Starting Date:
	Ending Date:
	EAD Number:
	If employed
	Employer/Company Name:
	Address:
	Contact Person:
	Phone Number:
	Fax Number:
21	If Student is on CPT
	Starting Date:
	Ending Date:
	Employer/Company Name:
	Address:
	Contact Person:
	Phone Number:
	Fax Number: