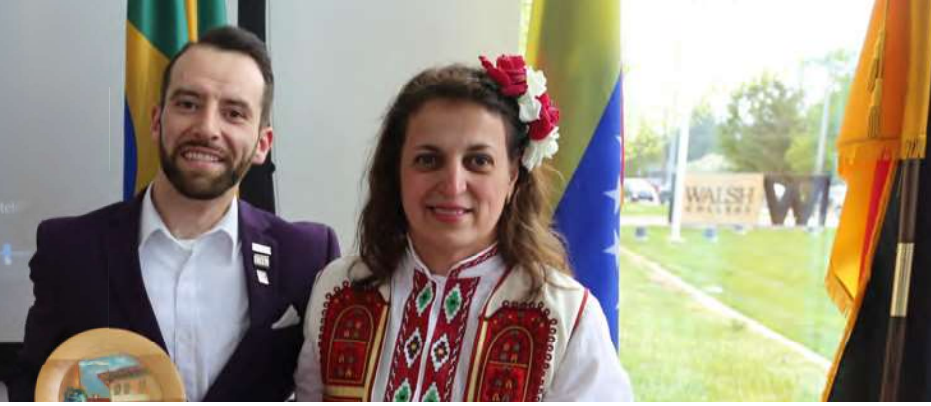






# INITIAL I-20 REQUEST FORM



Last Name \_\_\_\_\_

First Name \_\_\_\_\_

USA Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Country Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Country Of Birth: \_\_\_\_\_

Country Of Citizenship: \_\_\_\_\_

Type of Visa: \_\_\_\_\_ Admission Number (I-94 Number): \_\_\_\_\_

Expiration Of Passport: \_\_\_\_\_ Issuing Country: \_\_\_\_\_

Do you have any dependents that you want included on this I-20: Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, please complete the attached form with dependent information.***

**Semester Start:** \_\_\_\_\_ **Year** \_\_\_\_\_

Fall \_\_\_\_\_

Winter \_\_\_\_\_

Spring \_\_\_\_\_

Summer \_\_\_\_\_

Level of Study: Master \_\_\_\_\_ Bachelor \_\_\_\_\_

Field of Study (Major): \_\_\_\_\_

Financial Source: Self \_\_\_\_\_ Amount \_\_\_\_\_

Sponsor(s) \_\_\_\_\_ Amount \_\_\_\_\_

Signature

Date

Return this form to the International Student Advisor at the Admissions Office. You must also submit a copy of your visa, passport, I-94 card (front/back), all previous I-20's and a copy of employment authorization (if any).

## WALSH

MERVYN B. WALSH INTERNATIONAL UNIVERSITY®



**WALSH COLLEGE TUITION AND FEES** - Refer to Walsh College website for updated tuition and fee information.

Sufficient financial support is outlined below by level. You are required to show support for the entire amount, even if you intend to live with relatives in the United States.

## SEMESTERS AT WALSH COLLEGE

Walsh College offers 4 semesters a year and 11 weeks each semester. They are: Fall Semester (October-December), Winter Semester (January-March), Spring Semester (April-June), and Summer Semester (July-September). F-1 international students must attend three of the four semesters each year.

You must show evidence of sufficient financial support in the form of original stamped/signed bank document(s) or letter(s). Federal and State financial aid is only available to United States citizens and permanent residents.

## BREAKDOWN OF SUFFICIENT FINANCIAL SUPPORT NEEDED

### Bachelor's

Full-time study (includes tuition*, registration fee, and international student fee):	\$22,806
Living Expenses (includes housing, food, transportation, and miscellaneous):	\$18,293
Other (includes health insurance, books, supplies, and equipment):	\$ 1,860
<b>Total:</b>	<b>\$45,107</b>

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### Master's

Full-time study (includes tuition*, registration fee, and international student fee):	\$17,982
Living Expenses (includes housing, food, transportation, and miscellaneous):	\$18,293
Other (includes health insurance, books, supplies, and equipment):	\$ 1,860
<b>Total:</b>	<b>\$38,135</b>

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### Doctoral

Full-time study (includes tuition*, registration fee, and international student fee):	\$20,034
Living Expenses (includes housing, food, transportation, and miscellaneous):	\$18,293
Other (includes health insurance, books, supplies, and equipment):	\$ 1,860
<b>Total:</b>	<b>\$40,187</b>

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**Dependent Cost of Living: \$3,049**

\*based on estimated tuition cost for 2024-2025

# FINANCIAL STATEMENT OF SELF SUPPORT



Student's Name: \_\_\_\_\_  
Family First Former

Student's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby certify that I have the financial means to support myself while I am a **full time** student at Walsh seeking a \_\_\_\_\_ degree. Attached is an official **original (faxed or photocopies are not acceptable)** bank statement in English and U.S. dollars that verifies a minimum of one year of appropriate funds in my name.\* An original bank statement must be printed at the bank with a signature and stamp from the bank; we cannot accept bank statements that are mailed to your residence. If the bank statement is obtained from out of the country, then it must be notarized and translated. Bank statements must be current and dated within the last six months.

\_\_\_\_\_  
Type Name Date

\*The current tuition/living expenses for one year are outlined in financial information document in U.S. dollars.

**WALSH**

MERVYN B. WALSH INTERNATIONAL UNIVERSITY®

# FINANCIAL STATEMENT OF SPONSORED SUPPORT



Sponsor's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, the above named sponsor, hereby certify that I will provide full financial support for

\_\_\_\_\_  
Family name

\_\_\_\_\_  
First name

while she/he is a student at Walsh. I understand that the above named student is seeking a \_\_\_\_\_ degree. I further certify that my net income is adequate to undertake this responsibility. Attached is an official, **original (faxes or photocopies are not acceptable)** bank statement in English and U.S. dollars that verifies a minimum of one year of appropriate funds.\* An original bank statement must be printed at the bank with a signature and stamp from the bank; we cannot accept bank statements that are mailed to your residence. If the bank statement is obtained from out of the country, then it must be notarized and translated. Bank statements must be current and dated within the last six months.

\_\_\_\_\_  
Type

Name

\_\_\_\_\_  
Date

\*The current tuition/living expenses for one year are outlined in financial information document in U.S. dollars.

**WALSH**

MERVYN B. WALSH INTERNATIONAL UNIVERSITY®

# INTERNATIONAL STUDENT TRANSFER FORM



## To Be Completed By the Student:

Student Name: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Walsh will issue your new I-20 after you have been admitted to Walsh and your current school has released your I-20 in the SEVIS system.

## To Be Completed By the Current International Student Advisor:

Name and Address of School:

\_\_\_\_\_  
\_\_\_\_\_

Student's SEVIS ID \_\_\_\_\_ Release Date: \_\_\_\_\_

While attending your school has the student maintained proper status per USCIS regulations?

Yes \_\_\_\_\_

No \_\_\_\_\_

If not, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate whether student has participated in the following:

OPT from \_\_\_\_\_ to \_\_\_\_\_ PT or FT

CPT from \_\_\_\_\_ to \_\_\_\_\_ PT or FT

Signature of DSO/Advisor \_\_\_\_\_

Name of DSO/Advisor \_\_\_\_\_

Title of DSO/Advisor \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

# WALSH

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