FOR ALL INTERNATIONAL STUDENTS

Drexel University I-20/DS-2019 Application Form

This form will be scanned; please print or type inside the boxes

• Use uppercase block letters • Use black ink • Correct errors with white correction fluid

Both sides of this document must be completed. ***Do not mail this form separately from the application.*** Your graduate business application for admission will not be considered complete without this I-20/DS-2019 form. Official financial documents, explained below, are also required. This information is required to obtain a visa. All information submitted must be in English or be accompanied by an official translation.

0405 LBI20 1

I. Instructions: Proof of financial responsibility is required for students who are not United States citizens or permanent residents. All documents must be official.

1. If you are self/parent sponsored: Submit a ***current*** official bank letter in your or your parents' names, signed by a bank official, stating the amount that is on deposit in ***U.S. dollars.*** Minimum funds required are explained at www.drexel.edu/em/apply/lebow/i20.html.
2. If you are being sponsored by another individual: Submit a Drexel Affidavit of Support and a ***current*** officially signed bank letter in your sponsor's name. The affidavit will be sent to you upon receipt of the application.
3. If you are receiving a scholarship, fellowship, or assistantship: Submit an award letter in your name. Enclose a signed letter or affidavit giving full details regarding the promise of support and stating the specific amount of money in U.S. dollars.
4. If you are currently attending a school in the United States, please request a transfer report from our International Admissions Office.
5. **If you plan to enter the United States with your spouse, an additional $4,000 in financial documentation is required, and an additional $2,000 for each child. The spouse and children of an F-1 visa holder cannot work in the U.S.**

— Notice: If you would like your I-20 or DS-2019 Express Mailed, please check here ☐ and enclose a check for U.S. $50.00 payable to Drexel University. —

II. Personal Data (please type or print)

Last (Family) | First (Given) | MI

City of birth | Country of birth

Country of citizenship | Country of permanent residence | Occupation in home country

Social Security # (if available) | Date of birth (Month / Day / Year) | ☐ Male ☐ Female

☐ Single ☐ Married I expect to come to the U.S.: ☐ Alone ☐ With spouse ☐ With children. How many? _____

Please list the dependents coming with you to the U.S.:

Family Name	First Name	Date of Birth and Country of Birth	Relationship

III. Addresses (please first list mailing address to which form may be sent, second list permanent address/home country)

Mailing address (Address to which form may be mailed)

Valid from/to (MM/YY to MM/YY) | Number and street | Apartment Number

City | State/Province | Zip/Postal code | Country

Home telephone | Fax

Permanent address (home country)

Number and street | Apartment number

City | State/Province | Zip/Postal code | Country

Home telephone | Fax

E-mail

IV. Visa Information

1. If you are now in the U.S., what type of visa do you have?

2. If you are currently in the U.S. on an F-1 or J-1 visa, what institution issued your most recent I-20 or DS-2019, and when does the I-20 or DS-2019 expire?

Institution

Expiration (MM/DD/YY)

Number and street

City

State/Province

Zip/Postal code

Country

V. Financial Expenses

Tuition, fees, and estimated living expenses can be found at www.drexel.edu/em/apply/lebow/i20.html.

	Name of Sponsor/Support	Relationship	1st Year Assured Support	2nd Year	3rd Year	4th Year	5th Year
1.							
2.							
3.							
		Total	**$**	**$**	**$**	**$**	**$**

VI. Before signing this form, please check the following:

1. ☐ I have carefully read and completed both sides of this form.
2. ☐ I have attached or will send the required documentation of my financial status.
3. ☐ I declare that I have truthfully stated the financial arrangements to support my studies at Drexel.
4. ☐ I have clearly stated who my sponsor is and my relationship to him/her.
5. ☐ I understand that by law I cannot expect to work to support my studies and that I cannot expect to receive financial aid after my arrival.
6. ☐ I understand that the law requires F-1 international students to hold medical insurance and J-1 students to hold medical and repatriation insurance, and I agree to purchase the required insurance.

Signature _____ Date _____

Signature of sponsor providing funds _____ Date _____

I certify that the above funds will be available for this student.

VII. FOR DREXEL USE ONLY

Degree sought _____ Term entering _____

Student ID number _____ Official signature _____ Date _____

For additional information, contact the International Students and Scholars Office • Phone 215-895-2502 • Fax 215-895-6617