

**I-20 APPLICATION**

This information is required for the issuance of the *Form I-20*, the document you will need in order to secure an F-1 visa at a U.S. consular post; a change of status in the U.S. to F-1 status; or a transfer to TCC from another SEVIS approved school in the U.S. Please provide all required information. **An incomplete I-20 Application and Financial Statement will delay the processing of your I-20.** **NOTE: TCC does not issue an I-20 for admission to any of the competitive Health Science programs.**

I AM SEEKING ADMISSION TO TCC AS AN F-1 STUDENT IN: FALL 20____ SPRING 20____ SUMMER 20____

OFFICIAL NAME AS IT APPEARS IN YOUR PASSPORT

Family Name _____ First/Given _____ Middle _____

Date of Birth ____/____/____ Country of Birth _____ Country of Citizenship _____
month day year

PERMANENT ADDRESS OUTSIDE U.S. _____
street city
state/province country postal code (____) telephone number

EMAIL (required) _____ Intended Academic Program at TCC _____

F-1 TRANSFER STUDENTS: Are you currently in the United States attending a SEVIS approved school? Yes ____ No ____.

Name of Current School _____ Location of School _____

Are you engaged in or have you completed Post Completion OPT? Yes ____ No ____.

(In order to maintain your current F-1 status, you must ask your current school to release your SEVIS record to Tidewater Community College within 60 days of **either** your program end date or OPT end date. The gap between the TCC program start date and previous program or OPT end date cannot be 5 months or more if you wish to remain in the U.S. during that gap.)

F-1 TRANSFER and CHANGE OF STATUS APPLICANTS: ADDRESS IN THE UNITED STATES

street and apt # city state
zip (____) telephone

Name and Phone Number of a Friend or Relative in the United States _____

If you are already in the U.S., what is your current visa status? _____ If your current visa status is not "F-1," enter the last day you are authorized to stay in the U.S., as shown on your **Form I-94** or **DS2019**: ____/____/____.

Have you or a family member submitted an application for U.S. Lawful Permanent Residence on your behalf? Yes ____/ No ____

- ☐ **Check here if you have dependents** (spouse and/or children) seeking F-2 status and provide dependent information on **page 2**.
You must provide evidence of additional financial support for dependents: **\$6,000 for a spouse; \$3,600 for each child.**)

EMERGENCY CONTACT INFORMATION

In case of a severe illness or other emergency circumstance, I wish the following person to be contacted:

Emergency Contact _____ **Address** _____
Telephone (____) _____ **Relationship to You** _____

Signing this statement is optional, but your permission is strongly recommended to allow us to assist you in an emergency. I hereby grant full authority to the International Programs Office staff and/or their designate to obtain and/or release any educational, medical, or other necessary information concerning me to my family, government, or similar person or agency if it is deemed to be necessary to protect my financial, legal, medical, or personal interests. I also grant the IPO staff the permission to obtain necessary medical care for me should I be unable to grant the required permission. I understand that a record of all such releases will be kept and that this authority will remain in effect unless revoked by me in writing to the International Student Services office.

APPLICANT SIGNATURE _____ **DATE** _____

LIST DEPENDENTS (Spouse and/or children) SEEKING F2 STATUS

Family Name _____
 Given Name _____
 Date of Birth _____
 Place of Birth _____
 Citizenship _____

Family Name _____
 Given Name _____
 Date of Birth _____
 Place of Birth _____
 Citizenship _____

Family Name _____
 Given Name _____
 Date of Birth _____
 Place of Birth _____
 Citizenship _____

2008-2009 F-1 FINANCIAL REQUIREMENTS

F-1 applicants must demonstrate that sufficient funds are available to cover all educational and living expenses while studying at TCC. Financial support cannot be less than the total amount indicated in the box below. All financial documents (**SPONSOR'S AFFIDAVIT OF SUPPORT AND BANK VERIFICATION OF FUNDS**) must be original documents with original signatures. If more than one sponsor will contribute to your study and living expense at TCC, each sponsor must indicate the specific dollar amount of support that will be available to you and complete an AFFIDAVIT of SUPPORT and BANK VERIFICATION. *Please make copies of all financial documents **BEFORE** submitting them to the International Student Services office.*

<u>Estimated Expenses for one year</u>	<u>ESL or Academic program</u>	This 12 month budget is only an estimate of living expenses and is based on a Fall and Spring enrollments of 12 credits. Summer tuition is not included. <u>Health insurance coverage for student and any dependents must be continuous over 12 months.</u> Actual living expenses may be higher based on utilities and personal spending habits.
Tuition (Fall & Spring)*	\$ 6,650	
Books (est. \$380 per semester)**	\$ 380	
Rent (est. based on \$700 per month)	\$ 8,400	
Food (based on \$150 per month)	\$ 1,800	
Living Expenses (est. \$200 per mo.)	\$ 2,400	
Health Insurance (est. \$60 per mo.)	\$ 720	<u>Additional Funds for Dependents:</u> Spouse: \$6,000; Child: \$3,600
Total	\$20,350*	*Additional funds required for dependents.

***Tuition rates are subject to change without notice. **Textbooks may cost more per semester, depending on course requirements. ***TCC is non-residential community college; no on-campus student housing is available. You will be responsible for making your own living arrangements.**

THIS SECTION MUST BE COMPLETED BY THE APPLICANT:

Enter the amount in U.S. dollars available for your support from each source during the first academic year and each subsequent year of study at TCC. **The total financial support indicated must meet or exceed TCC's estimated costs identified above.**

PERSONAL FUNDS \$ _____

FAMILY FUNDS \$ _____

OTHER (Specify source) _____ \$ _____

TOTAL FINANCIAL SUPPORT \$ _____

I certify that I have provided a correct statement of my source of financial support for one year. I understand that if these funds are not available, TCC is under no obligation to support me and it is likely that I will be unable to continue my education in the United States. I understand that, as an F-1 student, I must enroll in full-time studies, and I am not permitted to work off-campus without authorization from International Student Advisor or the Department of Homeland Security.

Applicant Signature _____

Date _____

FINANCIAL AFFIDAVIT COMPLETED BY YOUR SPONSOR

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A sponsor may be a parent, family member, or another person who will provide financial support while you are studying at TCC. It is not necessary that a financial sponsor reside in the U.S. If there is more than one sponsor, please copy this page for each sponsor and sponsor's bank to complete.

To the Financial Sponsor: In addition to signing this document, your bank officer must sign and seal the Bank Verification section of this document. Financial support must consist of liquid assets that are available in non-retirement or non-restricted funds. The bank verification must be dated not more than 6 months before the student's anticipated admission to TCC. If you agree to provide financial support for more than one year, you are only required to show current bank verification for the first year of study. **I guarantee that I will provide financial support to:**

Student's Last Name _____ **First Name** _____

Amount of Support for 1st Year

Amount of Support for 2nd Year

Amount of Support for 3rd Year

US\$ _____

US\$ _____

US\$ _____

*I understand that the document I am signing will be used by the student for the purpose of obtaining an F-1 status or an F-1 visa from the U.S. State Department or for the purpose of updating the student's SEVIS record. If I am unable to provide the financial support I have promised, I understand that TCC is not obligated to support the above named student. I understand that without my financial support, it is likely that the student will be unable to complete her/his education in the United States. **I understand that F-1 students are not permitted to work off-campus, and I will not suggest or require this student to provide any services to me while in the United States.***

Sponsor's Name (please print) _____

Address _____
Street city state country postal code

Telephone (____) _____ Relationship to Student _____

Sponsor's Signature _____ **Date** _____

BANK VERIFICATION OF DEPOSIT (Completed by Your Sponsor's Bank)

Bank verification of a sponsor's accounts must be current and cannot exceed 6 months from the date of the bank officer's signature and stamp. **This form cannot be accepted without the bank officer's signature, bank stamp or seal and date.**

THIS IS TO CERTIFY THAT THE ACCOUNT HOLDER (**print name**) _____ is a customer of (**name of bank**) _____. His/Her account(s) were opened on (**date**) ____/____/____ and for the past 6 months have shown an average balance equal to US\$ _____. Current funds available in US Dollars as of today's date are:

Checking Acct# _____ Amount _____ and/or

Savings Acct# _____ Amount _____.

The accounts are open and viable as of today's date. This certification is offered with no responsibility on the part of the financial institution.

Name of Bank Official _____

Title _____ **Date** ____/____/____

Bank Address _____

Signature (Bank Official) _____

BANK SEAL OR STAMP