
SEVIS I-20 Request Form for Graduate Student

Certificate of Eligibility for F-1, International Student Status
Loyola Marymount University

INSTRUCTIONS TO THE APPLICANT

This information is required for issuance of the Form I-20, *Certificate of Eligibility for Nonimmigrant (F-1) Student Status*, the document you will need in order to secure a student (F-1) visa at the United States consular post in your country of residence; change nonimmigrant status in the U.S. to F-1 student; or transfer to Loyola Marymount University from another SEVIS - approved school in the U.S.

This form must be completed and returned to the Office for International Students & Scholars in Malone Student Center, 201-P. **Please complete all items below. Items left incomplete will delay the processing of the Form I-20.**

For more information, please contact Denise M. Folga, Director of the OISS at (310) 338-2937 or oiss@lmu.edu.

Section A. Applicant Information

Educational Plans: I am applying as a degree non-degree student for the
 Fall Spring Summer 20__ Semester.

Applicant Name (**Official Name Exactly As It Appears in Passport**):

Family Name

First Name

Middle Name

Intended Visa Category: _____
(F-1/J-1/Other - Please Specify.)

Date of Birth _____ () Male () Female
Month/Day/Year

Country of Birth: _____ Country of Citizenship: _____

If you hold dual citizenship, which country's passport will you use to travel? _____

Permanent Address Outside the U.S.:

Mailing Address in U.S. (if applicable):

Phone _____
Include Country Code

Phone _____

Email _____

Section B. Status Information

If you have previously been or currently are in the U.S., list all visa statuses you have held, starting with the current or most recent:

Visa Type	Period of Stay	Name of School or Employer
	/ / to / /	
	/ / to / /	
	/ / to / /	

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, Arrival/Departure Record: ____/____/____

Do you plan to change your visa type prior to enrollment? Yes____ No____
 New Visa Type Sought: _____

Have you applied for lawful permanent resident status in the U.S.? Yes____ No____

Section C. Financial Information

Estimated Minimum Costs of attending LMU full-time for one academic year (10 months):					
Tuition and Fees*	\$13,094	Books and Misc	\$2,081		
Living Expense	\$14,000	Health Insurance	\$825	TOTAL	US \$30,000
*Tuition and registration costs are subject to change without prior notice.					

Sources of Financial Support:

Your Own FundsUS\$ _____
 Funds from Sponsor (Parent, Relative or Private) (name : _____)US\$ _____
 Scholarship: LMU/ Government/ Private (specify: _____)US\$ _____
TOTAL (must be US\$ 26,632 or more).....US\$ _____

** If family members will accompany you, additional financial support is required. See below.

Section D. Dependent Information

If your spouse or children will accompany you to the United States, you must provide proof of additional funding:

Estimated Minimum Costs of Living Expense for dependents (10 months):			
Spouse:	\$53,53	Child:	\$3,519
			TOTAL US \$8,872

For example, if you bring your spouse and a child, you will need to provide proof of 30,000 + 5,353 + 3,519= \$38,872.

Dependents (Spouse/Children) accompanying you to the U.S. Do not list dependents who hold U.S. passports or were born in the U.S.

Name of Dependent(s)	Date of Birth	Relationship	Country of Birth	Country of Citizenship
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Section E. Financial Certification of Sponsor (If LMU, Government or Private Scholarship, leave Section E blank & Attach official award letter. For all other funds, attach bank statement or letter.)

Name of Sponsor (sponsor can be you, parent, relative, or private) _____

Address of Sponsor _____

Relationship to Sponsor (Parent/Relative/Spouse): _____

Sponsor's Guarantee:

I, _____ Guarantee that the sum of (US Dollars) \$_____ will be available for the
Print Sponsor Name
above named student for the first academic year at LMU. A comparable amount of money will be available for _____ years.

Signature of Sponsor _____ Date _____

Section F. Certification

I fully understand the minimum amount of money necessary for fees and living expenses at Loyola Marymount University and I verify that a minimum of US\$30,000 will be available per year for my study. I also understand that I must obtain and maintain health insurance coverage for myself (and my dependent, if F-1 student) for the full duration of my enrollment at LMU, which meets the following requirements:

- Medical benefits of US\$50,000 per accident or illness;
- Repatriation benefits of \$7500;
- Medical evacuation benefits of \$10,000.
- A deductible not to exceed \$500 per accident or illness.

I promise to provide LMU with proof of approved health insurance at the minimum levels specified and/or purchase the approved policy available through the LMU Controller's Office. I understand that providing false or misleading information can result in the denial of my application; or, if admitted in my disenrollment from LMU and/or deportation from the United States.

I certify under penalty of perjury that all information provided was completed before I signed this form and is true and correct.

Signature Applicant: _____ Date: _____

Please return this form to:
Loyola Marymount University
Office for International Students & Scholars
1 LMU Drive, MS 8430
Los Angeles, CA 90045

OR

Fax to Denise Folga:
(310) 338-5976 (fax.)