

Graduate/Professional Student Form I-20/Form DS-2019 Request Packet

The International Studies Office requires this completed form before issuing any student Form I-20 or DS-2019, which respectively support applications for F-1 or J-1 visa status. If your visa status in the U.S. will be based upon your enrollment at UVA, you must obtain F-1 or J-1 status. In most instances, students will apply for an F-1 or J-1 visa stamp in their passport before coming to the U.S. In some instances, students already residing in the U.S. in a different immigration status are eligible to apply to change their immigration status in the U.S.

In general, if you are now abroad you must apply for an F-1 or J-1 visa stamp in your passport at a U.S. consulate abroad before coming to the U.S. to attend UVA. You may only apply for an F-1 or J-1 visa stamp once you receive Form I-20 (for F-1 visa applications) or Form DS-2019 (for J-1 visa applications).

More information is available at: www.virginia.edu/iso/issp/new; If transferring, please visit www.virginia.edu/iso/issp/fl/transfers.html.

International Graduate Questionnaire

To ensure accuracy of information the ISO requires that this form be typed. Please do not submit a handwritten form.

Family Name as on Passport (all capital letters) _____		First Name as on Passport _____	Middle Name _____
<i>(PLEASE ATTACH A COPY OF YOUR PASSPORT ID PAGE TO THIS FORM.)</i>			
Country of Birth _____	City of Birth _____	Country of Citizenship _____	
Date of Birth _____ <small>(formatted like "JAN-1-1980")</small>	Country of Permanent Residence _____	Email _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

FOREIGN ADDRESS - Your physical permanent address in your home country (Required)

Foreign Address Line One _____

Foreign Address Line Two _____

City _____ Province/Territory _____

Country _____ Postal Code _____

**PHYSICAL MAILING ADDRESS Address you would like us to use when mailing your Form(s) I-20 or Form(s) DS-2019
P. O. Box addresses are not acceptable for express mail purposes**

Mailing Address Line One _____

Mailing Address Line Two _____

City _____ Province/Territory _____

Country _____ Postal Code _____ Telephone _____

Instead of Form I-20, I would like Form DS-2019 to support J-1 status (see www.virginia.edu/iso/issp/new)

NOTE: J-1 status is not available to all students and often carries a two-year home residency requirement.

I plan to apply to the summer English for Academic Purposes Program (www.virginia.edu/provost/caelc/summer.html).

Please select one of the below options

(Canadians and Bermudians coming to the U.S. for the first time in F-1 or J-1 status should select the first option)

- I will apply for an F-1 or J-1 visa at a U.S. consulate outside the U.S. before entering the U.S. in F-1 or J-1 status.
- I am currently in the United States in another qualifying nonimmigrant status and I will apply to change to F-1 or J-1 status within the United States. (www.virginia.edu/iso/issp/fl/changetof1.html)
- I currently hold F-1 or J-1 status and plan to transfer to or remain at the University of Virginia in the same status.

International Graduate Student Financial Guarantee Form

Under U.S. government regulations, any student who will hold F-1 or J-1 status in the U.S. or any student in F-1 or J-1 status transferring from one academic institution to another must provide documentation of the availability of sufficient funding to meet all anticipated expenses for all years of study.

The required funding is as follows (please check the box next to the type of student you will be at UVA):

		Grad Nursing:	\$49,389
Law Students	JD: \$77,935; LLM: \$78,585	<u>MS Commerce:</u>	<u>\$68,980</u>
Medical Students:	\$79,868	<u>MS Accounting:</u>	<u>\$58,155</u>
GSAS Students:	\$48,349	Batten Graduate Students:	\$67,491
Engineering Graduate Students:	\$48,869	Curry Graduate Students:	\$48,311
MS Data Science Students:	\$60,033	Architecture Graduate Students:	\$48,357

NOTE: Students attending the summer English for Academic Purposes Program must provide evidence of an additional \$3000 of funding for the first year (\$1,000 for each dependent). EAP tuition and fee scholarships cover \$2,000.

Additional funding of \$7,000 per year is required for every F-2 or J-2 dependent spouse and \$4,000 per year for every F-2 or J-2 dependent child.

Please complete information about your dependents on page four.

In the below chart, please provide information regarding the source of your funds. The total should reflect all projected expenses as noted above plus requisite additional funds for any accompanying dependents. You must also provide the requested documentation from each source of funding.

ALL CURRENCY MUST BE PROVIDED IN U.S. DOLLARS

	1 st Year	2 nd Year	3 rd year	4 th year+
Personal Savings _____ <i>Attach original most recent bank statement with an English translation verifying the availability of funds.</i>	\$	\$	\$	\$
UVA _____	\$	\$	\$	\$
Guaranteed Loan _____ <i>Attach an original most recent loan certification with an English translation verifying the availability of funds. Loans may be used only if a signed promissory note or bank certification letter is also provided.</i>	\$	\$	\$	\$
Family Funds _____ <i>The sponsor must complete the Affidavit of Support (on page 3) and submit official documentary evidence of funds in English.</i>	\$	\$	\$	\$
Sponsoring Agency, Government, or Company _____ <div style="text-align: center;">Name</div> <div style="text-align: center;">Address</div> <i>Attach an Affidavit of Support (on page 3) completed by the Sponsoring Agency, Government or Company</i>	\$		\$	\$
Totals:	\$	\$	\$	\$

Totals must equal the amount of funding indicated next to the box you checked above plus funding for any dependents and any EAP funding.

Signature of Applicant

Date

Affidavit of Support for Nonimmigrant (F-1 or J-1) Student

This form must be completed if your financial support will be provided by family funds or by a sponsoring agency, government or company. Sponsoring agencies, governments, or companies must provide a letter that includes the student's name, amount of U.S. dollars to be provided each year, and the period of the award. This letter must be printed on official letterhead and include an official signature and stamp with the address and telephone number of the sponsoring institution.

Name of Student Applicant

I am providing the funds indicated below for the educational expenses of this applicant. If the University Student Accounts Office holds an overdue account for this student, the Office of the Bursar is authorized to bill me directly for any outstanding tuition, required fees, University Housing, and meal plan.

I UNDERSTAND AND AGREE THAT THIS PROMISE IS BINDING

Sponsor's Name

Relationship to the Applicant

Address Line One _____

Address Line Two _____

City _____ Province _____

Country _____ Postal Code _____ Telephone _____
(include country & city codes)

I hereby guarantee to give the student named above the following amount of money to pay for educational expenses associated with studies at the University of Virginia.

U.S. \$ _____
FOR 2015-2016

U.S. \$ _____
FOR 2017-2018

U.S. \$ _____
FOR 2016-2017

U.S. \$ _____
FOR REMAINING YEAR(S)

Signature of Sponsor

Date

REQUIRED DOCUMENTARY EVIDENCE FOR AFFIDAVIT OF SUPPORT

Please submit an official **original bank statement or bank letter**, with account total indicated. In addition to the bank letter, please submit an **original letter verifying present employment status** and the annual income of the sponsor dated September 2014 or later. Together, these documents must demonstrate the sponsor's capability to provide promised funds **for all years of study**.

In lieu of the above, sponsoring agencies, governments, or companies must provide an official signed letter, on letterhead, that includes the student's name, amount of U.S. dollars to be provided each year, and the period of the award.

Legally certify translations of any of the above documents written in a language other than English and attach the certified translation to each document.

Dependent Family Member Information

Please provide information for all dependent family members who will accompany you to the U.S. in F-2 or J-2 status. Note that F-2 dependents are prohibited by law from working under any circumstances. Medical health insurance is required for all students and their dependent family members.

Spouse's Email Address _____

Dependent 1

Family Name (all capital letters)	First Name	Middle Name
<i>(Names should be spelled exactly as they appear in his or her passport.)</i>		
Date of Birth (e.g. JAN-1-1980)	Gender	Relationship
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Country of Birth	City of birth	
Country of Citizenship	Country of Permanent Residence	

Dependent 2

Family Name (all capital letters)	First Name	Middle Name
<i>(Names should be spelled exactly as they appear in his or her passport.)</i>		
Date of Birth (e.g. JAN-1-1980)	Gender	Relationship
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Country of Birth	City of birth	
Country of Citizenship	Country of Permanent Residence	

Dependent 3

Family Name (all capital letters)	First Name	Middle Name
<i>(Names should be spelled exactly as they appear in his or her passport.)</i>		
Date of Birth (e.g. JAN-1-1980)	Gender	Relationship
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Country of Birth	City of birth	
Country of Citizenship	Country of Permanent Residence	

Dependent 4

Family Name (all capital letters)	First Name	Middle Name
<i>(Names should be spelled exactly as they appear in his or her passport.)</i>		
Date of Birth (e.g. JAN-1-1980)	Gender	Relationship
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Country of Birth	City of birth	
Country of Citizenship	Country of Permanent Residence	