DENVER SEMINARY

Information Required for Issuance of I-20 (confidential)

Please Print

Name: _____
Family Name First Middle Suffix

U.S. Address:

_____
Line 1

_____
Line 2

_____
City State ZIP

Foreign Address:

_____
Line 1

_____
Line 2

_____
City Province/Territory

_____
Postal Code Country

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY City Country Country of Citizenship

Gender: ☐ Male ☐ Female

Driver's License # (if applicable): _____ Issuing State (if applicable): _____

Social Security # (if applicable): _____ Student ID # (if known): _____

ESTIMATED EXPENSES for 2012/2013 Academic Year (See Student's Sources of Funds)

	Single		Married
Tuition and Fees	$13,500		$13,500
Housing	$ 7,680		$11,880
Transportation	$ 1,900		$ 3,000
Daily Living Expenses	$ 4,090		$ 7,400
Insurance and Medical	$ 2,050		$ 6,100
TOTAL	**$29,220**	Subtotal	**$41,880**

(if applicable) _____ (# of children) x $3,500 = _____
TOTAL _____

To request F-2 dependents on the I-20, please complete the following information:

Full Name: _____ (Family First Middle) Date of Birth: _____ (MM/DD/YYYY) Country of Birth: _____ Country of Citizenship: _____ Relationship to F-1: _____ Gender: ☐ Male ☐ Female	Full Name: _____ (Family First Middle) Date of Birth: _____ (MM/DD/YYYY) Country of Birth: _____ Country of Citizenship: _____ Relationship to F-1: _____ Gender: ☐ Male ☐ Female
Full Name: _____ (Family First Middle) Date of Birth: _____ (MM/DD/YYYY) Country of Birth: _____ Country of Citizenship: _____ Relationship to F-1: _____ Gender: ☐ Male ☐ Female	Full Name: _____ (Family First Middle) Date of Birth: _____ (MM/DD/YYYY) Country of Birth: _____ Country of Citizenship: _____ Relationship to F-1: _____ Gender: ☐ Male ☐ Female

DENVER SEMINARY

Information Required for Issuance of I-20 (confidential and continued)

Student's Sources of Funds

Denver Seminary requires students to provide verification of funds for the duration of their program of study. Complete the following table demonstrating proof of funding for each year of intended study.

	First year	Second year	Third year	Fourth year
Personal Savings:				
_____ Name of Bank	$_____	$_____	$_____	$_____
_____ Street Address				
_____ City, Province/Territory, Country				
Sponsors:				
_____ Name	$_____	$_____	$_____	$_____
_____ Street Address				
_____ City, Province/Territory, Country				
_____ Name	$_____	$_____	$_____	$_____
_____ Street Address				
_____ City, Province/Territory, Country				
_____ Name	$_____	$_____	$_____	$_____
_____ Street Address				
_____ City, Province/Territory, Country				
Other Sources:				
_____ Source Type	$_____	$_____	$_____	$_____
_____ Source Type	$_____	$_____	$_____	$_____
Totals:	$_____	$_____	$_____	$_____

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

I certify that to the best of my knowledge the information provided here is accurate and complete.

_____ Signature of Student

_____ Date