

**REQUIREMENTS**

This form must be completed by international students seeking to study under the F-1 visa. [Form I-20](#) (I-20) is required for the F-1 visa application process and to enter the United States (US) to study.

Please complete all applicable sections and submit all required evidence requested. Incomplete forms or missing evidence will delay the I-20 process.

1. **NEW F1 STUDENTS:** Must complete the [F-1 Pre-Arrival Onboarding](#) course in CANVAS.
2. **CURRENT OTHER VISA STUDENTS:** Must complete [Change of Status](#) to F-1 course in CANVAS.
3. **After completing course, fill out all applicable sections of this form and submit via email to International Student Services ([ISS](#)) via your university student email account along with:**
  - a. **A color copy of your passport ID page; AND**
  - b. **ALL required financial evidence to confirm eligibility to cover costs of attendance**

**SECTION 1: STUDENT PERSONAL INFORMATION**

Surname/Last Name: \_\_\_\_\_ First/Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ *(this can be a nickname or alternate name you prefer to be called)*

Country of Birth: \_\_\_\_\_ Birth Date *(MM/DD/YYYY)*: \_\_\_\_\_ Gender: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Home Street Address *(non-US)*: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_ City: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ *(provide personal email that you check frequently)*

Home Telephone: Country Code: + \_\_\_\_\_ Number: \_\_\_\_\_ Cell *(or other number)*: \_\_\_\_\_

**SECTION 2: STUDENT PROGRAM OF STUDY & HOUSING PLANS**

Major: \_\_\_\_\_ Education Level *(check one)*: ☐ Undergraduate ☐ Graduate

Please check your intended housing plans: ☐ On-Campus ☐ Off-Campus

- If you intend to reside On-Campus, please visit [Florida Poly Housing](#) Website.
- If you intend to reside Off-Campus, please via [Off-Campus](#) section of International Student Handbook.

**SECTION 3: DEPENDENTS**

Are you [bringing legal dependents](#) with you to reside in the United States (US) while you study? ☐ Yes ☐ No

- If yes, you must complete the [F-1 Dependent I-20 Request](#) and submit with this form via email to ISS.

***\*Dependents include a legal spouse and dependent unmarried children (under the age of 21) only.***

## SECTION 4: EVIDENCE OF FINANCIAL ABILITY

F-1 students must have the financial resources to live and study in the US. Designated school officials (DSOs) must collect evidence of the student's financial ability before issuing the I-20.

Students must submit financial evidence showing they or a sponsor have the available liquid funds to cover the estimated cost of attendance (COA) for a full academic year (Fall and Spring semesters), and are expected to have these funds to cover their program of study until completion. Estimates include tuition/fees, housing, meals, books/supplies, [mandatory health insurance](#), and other living expenses.

### Criteria for Financial Documentation:

Documentation submitted as evidence of financial ability must confirm liquid assets, the specific balance, type of currency and account, and must meet the following criteria:

1. Documentation cannot be dated more than 6 months prior to the I-20 program start date.
2. Documentation must include the account holder's, agency, or other organization's full name.
3. Documentation must be in English or have an English translation submitted with it.
4. Documentation amounts must be in USD; if not, you must submit a USD conversion (e.g., [currency converter](#)).

### Examples of financial documentation include:

- Family bank statements.
- Documentation from a sponsor.
- Financial aid letters.
- Scholarship letters.
- Letter from an employer showing annual salary
- Investment statements

**Please view the chart below for current estimated COA. It is important to understand that this is **NOT YOUR BILL**, but the estimated costs you must provide evidence of.**

**Remember, these numbers are estimates and your actual yearly expenses may differ; however, this is the minimum amount you **MUST** provide financial evidence for.**

Education Level	TUITION & FEES <i>*Non-Florida Resident</i>	ROOM & BOARD	BOOKS	TRANSPORATION & OTHER EXPENSES	HEALTH INSURANCE	TOTAL
UNDEGRADUATES	\$21,005	\$12,219	\$1,200	\$4,000	\$1200	\$39,624
GRADUATES	\$19,998	\$12,219	\$1,200	\$4,000	\$1200	\$38,617

Estimates based on undergraduates enrolled in 30 credit hours and graduates enrolled in 18 credit hours over an academic year (9 months).

**COA information is subject to change without notice; updated information may be requested.**

## Identify Your Source of Funds:

Please check the box(es) and enter the total amount of funds applicable to you, and ensure to submit the required financial evidence identified. All amounts listed will auto-calculate in the "Total Source of Funds" field.

**NOTE:** Additional verification may be required if documentation submitted is unclear or missing required information.

\_\_\_ **Florida Poly Financial Aid** (e.g., scholarships, grants, graduate/research assistantships, fellowships)

- **Enter Total of Funds:** \_\_\_\_\_
- Submit a copy of the official award letter or a screenshot of your financial aid award from your student account (if letter requires your signature to accept aid, you must submit a signed copy).

\_\_\_ **Government or Sponsoring Agency**

- **Enter Total of Funds:** \_\_\_\_\_
- Submit a copy of the official award letter or letter of support from the government of sponsoring agency.

\_\_\_ **Educational Grant, Loan, or Other Source of Funding** (from sources other than Florid Poly not listed)

- **Enter Total of Funds:** \_\_\_\_\_
- Submit a copy of an official grant statement, loan approval, or statement of other funding.

\_\_\_ **Student Personal Funds**

- **Enter Total of Funds:** \_\_\_\_\_
- Submit a copy of an official banking statement or certified bank letter confirming total funds, or an investment statement, or other financial documentation that confirms personal funds.

\_\_\_ **Financial Support from Family/Friends**

- **Enter Total of Funds:** \_\_\_\_\_
- If family, friends, or other party will provide the funds to cover your costs of attendance while you study in the US, they must complete, sign and submit the [Sponsor Certification of Financial Support](#), and provide the required evidence listed on the form.

\_\_\_ **Free Room and Board**

- If you will be sponsored by family, friends, or other party while studying in the US and not required to pay room and board (housing and meals), your sponsor must complete, sign and submit the [Sponsor Affidavit: Free Room & Board](#) and provide the required evidence listed on the form.

Are you bringing legal dependents with you to the US? If yes, list how many: \_\_\_\_\_ (\* \$3000) = \_\_\_\_\_

**Do not enter any data in this field**

**TOTAL of All Source of Funds:** \_\_\_\_\_

## STUDENT CERTIFICATION

1. I understand if I do not meet all admission requirements it can result in a delayed start date or ineligibility to enroll.
2. I understand I am responsible for securing my visa interview and providing a color copy to ISS once it has been issued.
3. I understand I must provide a color copy of my passport and the expiration date must be at least 6 months in the future.
4. I understand I must submit copies of financial evidence to verify I have the funds available to cover the estimated COA.
5. I understand I must meet pre-arrival university and immigration requirements **before** arriving in the US.
6. I understand that total tuition and fees must be paid to the university by the fee payment deadline (see university [Academic Calendar](#) for dates), and if I am receiving financial support I must obtain the funds for payment, and if I am receiving financial aid, I must fulfill the requirements so it may be disbursed.
7. I understand I must make housing, travel, and transportation plans, and provide confirmation to ISS.
8. I understand I must be physically present in the US and prepared to start classes by the start date listed on my I-20.
9. I understand if I am unable to obtain my visa or meet other requirements that will prevent me from starting classes on time, I must contact the [Office of Admissions](#) to request a deferral to my start date (*late arrivals are unauthorized*).
10. I understand I am required to purchase health insurance and provide evidence of coverage, **prior** to arriving in the US.

*My signature certifies the validity of all information provided and that I intend to meet all requirements **prior** to arriving in the US. I understand that if I fail to comply, this can prevent class enrollment, result in a delayed start date, or the ineligibility to study in the US. I will contact [ISS](#) if I need assistance or have complications obtaining what is required **prior** to I-20 start date*

**Print Your Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

### STUDENT'S PARENT MUST COMPLETE THIS SECTION ONLY IF STUDENT IS A MINOR (under 18 years of age)

**Print Parent Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_