

# INTERNATIONAL STUDENT APPLICATION REQUIREMENTS

## REQUIREMENTS FOR PROCESSING I-20

1. All normal **\*Application Requirements for Admission**—including TOEFL scores if English is not your primary language;  
 NOTE: Academic transcripts need to be *official documents in English* or *notarized English translations* accompanied by the original document;  
 NOTE: Since documenting proof of English proficiency is an essential point for processing an I-20, we need evidence of an acceptable TOEFL score in order to confirm an applicant’s English proficiency (this requirement may be waived if an applicant has earned a degree from a school that uses English as its medium of instruction);
2. **\*\*I-20 Information Worksheet**;
3. **\*\*Financial Resources & Verification Form**;
4. If you have a sponsor, include **\*\*Affidavit from Sponsor**;
5. **Official documents of financial resources** in English with values in \$USD;  
 NOTE: We need reasonable proof that you will be financially covered for the duration of your academic program. Financial statement(s) must show sufficient funds to cover a minimum of one year of your educational expenses plus living expenses for you and for any family member(s) accompanying you. Please request the Admissions Office to inform you of the amount you will need for your specific situation;
6. **Copy Passport(s)** (picture page & relevant visas)—of yourself and for each family member accompanying you;
7. **I-20 processing fee of \$250** (non-refundable) to be paid by credit card or a cashier’s check made payable to “Faith Evangelical College & Seminary”;

<b>First-Time F-1 Visa</b> —not in USA <b>Changing Visa to F-1</b> —while in USA	<b>F-1 Transfer Students</b>
8. <b>Family census/registration certificate</b> (copy <i>in English</i> or <i>certified English translation</i> ) that provides evidence of family relationships for each family member accompanying you;	8. <b>Family census/registration certificate</b> (copy <i>in English</i> or <i>certified English translation</i> ) that provides evidence of family relationships for each family member you are adding;
9. <b>I-20 shipping fee of \$100</b> (non-refundable, to international addresses) to be paid by credit card or a cashier’s check made payable to “Faith Evangelical College & Seminary”;	9. <b>Copy of I-20s</b> previously issued to you;
10. <b>I-901 SEVIS Fee &amp; Service Fee of \$250</b> (non-refundable, upon request, subject to change)	10. <b>**Transfer Release Form</b> It is the student’s responsibility to submit both the Transfer Release Form plus a copy of your FECS Welcome Letter to the school you are leaving.

\* Forms posted on the website (<http://faithseminary.edu/admissions/apply-now/>) or can be requested by email ([admissions@faithseminary.edu](mailto:admissions@faithseminary.edu)).

\*\* Forms posted on the website ([www.faithseminary.edu/pdfFiles/International.Reqs.Packet.pdf](http://www.faithseminary.edu/pdfFiles/International.Reqs.Packet.pdf)) or may be found on the following pages.

# I-20 INFORMATION WORKSHEET

## STUDENT INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH _____ / _____ / _____
	MM	DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	

Do you hold a current I-20? <input type="checkbox"/> *No <input type="checkbox"/> **Yes      If yes, Expiration Date: _____	
<p>* If you answered "no" to the above question, please write your <u>Foreign Residential Address</u> below (or, if you are already in the USA, provide your <u>Last Foreign Residential Address</u>):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>**If you answered "yes" to the above question, please provide your current address in the USA. Also, be advised to request &amp; process a <u>Transfer Release Form</u>.</p> <p>_____</p> <p>_____</p> <p>_____</p>

Do you hold any relevant visa? <input type="checkbox"/> No <input type="checkbox"/> *Yes	
* If you answered "yes" to the above question, please state the relevant visa:	
Visa Type: _____	Expiration Date: _____

How many "dependents" will accompany you? _____
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## DEPENDENT #1 INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH _____ / _____ / _____
		MM      DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	

## DEPENDENT #2 INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH _____ / _____ / _____
		MM      DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	

## DEPENDENT #3 INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH _____ / _____ / _____
		MM      DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	

## DEPENDENT #4 INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH _____ / _____ / _____
		MM      DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	

# Financial Resources & Verification

## For International Student Admission

*This form is to be completed by the student-applicant. List the financial source(s) that will be used for payment of your educational & living expenses. Please request the Admissions Office to inform you of the amount you will need to show for your specific situation.*

**NAME OF STUDENT-APPLICANT:** \_\_\_\_\_

### **Personal Funds:**

Complete this section if you intend to use personal funds to finance your educational & living expenses.

Name of Bank or Financial Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Amount this will cover annually: \$ \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Amount this will cover annually: \$ \_\_\_\_\_

Other Monthly Income (if applicable): \_\_\_\_\_

Source: \_\_\_\_\_ Amount this will cover annually: \$ \_\_\_\_\_

- Attach official supporting documents *in English with values in \$USD* to verify your aforementioned resources(s) for at least the past 3 months (e.g., bank statement, account activity report, balances).

### **Financial Sponsor #1:**

Complete this section if you have a sponsor to finance your educational & living expenses.

Name of Sponsor (Organization or Individual): \_\_\_\_\_

Name of Responsible Party (if this sponsor is an organization): \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Total Annual Support: \$ \_\_\_\_\_

- Attach official documentation *in English with values in \$USD* from sponsor's financial institution.
- Attach affidavit from this sponsor confirming this support for either the duration of your educational program or for a certain period.

### **Financial Sponsor #2:**

Complete this section if you have a second sponsor to finance your educational & living expenses.

Name of Sponsor (Organization or Individual): \_\_\_\_\_

Name of Responsible Party (if this sponsor is an organization): \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Total Annual Support: \$ \_\_\_\_\_

- Attach official documentation *in English with values in \$USD* from sponsor's financial institution.
- Attach affidavit from this sponsor confirming this support for either the duration of your educational program or for a certain period.

# Affidavit of Sponsor

(if sponsor is an individual)

## for International Student Admission

This affidavit is to be completed by the person(s) financially sponsoring the educational & living expenses of the international student.

- To be complete, this affidavit must be accompanied by official supporting documents *in English with values in \$USD* from your financial institution (e.g., bank statement and/or account activity report for the past 3 months).
- Return this completed form and its supporting documents to student-applicant.

Name of student-applicant who will benefit: \_\_\_\_\_  
(print clearly)

Name of sponsor: \_\_\_\_\_  
(print clearly)

Sponsor's relationship to this student-applicant: \_\_\_\_\_

Name of sponsor's bank or financial institution: \_\_\_\_\_

*I hereby attest that I am willing & able to sponsor the aforementioned student.*

*I am willing & able to provide no less than (check one)*

\$ \_\_\_\_\_ USD per month  
(fill in the amount)

\$ \_\_\_\_\_ USD per year  
(fill in the amount)

*toward his/her educational & living expenses for the following duration (check one)*

*the entire duration of his/her academic program at Faith Seminary*

*from* \_\_\_\_\_ *until* \_\_\_\_\_.  
(fill in the start date) (fill in the end date)

*Attached is official documentation from my financial institution to verify my financial resources.*

\_\_\_\_\_  
Signature of Sponsor Date

# Affidavit of Sponsor

(if sponsor is an organization)

## for International Student Admission

This affidavit is to be completed by a representative of the organization sponsoring the educational & living expenses of the international student.

- To be complete, this affidavit must be accompanied by official supporting documents *in English with values in \$USD* from this organization's financial institution (e.g., bank statement and/or account activity report for the past 3 months).
- Return this completed form and its supporting documents to student-applicant.

Name of student-applicant who will benefit: \_\_\_\_\_

Name of sponsoring organization: \_\_\_\_\_

Name & title of organization's representative: \_\_\_\_\_

Organization's relationship to this student-applicant: \_\_\_\_\_

Name of organization's bank or financial institution: \_\_\_\_\_

*I hereby attest that our organization is willing & able to sponsor the aforementioned student. We are willing & able to provide no less than (check one)*

\$ \_\_\_\_\_ USD per month  
(fill in the amount)

\$ \_\_\_\_\_ USD per year  
(fill in the amount)

*toward his/her educational & living expenses for the following duration (check one)*

*the entire duration of his/her academic program at Faith Seminary*

*from* \_\_\_\_\_ *until* \_\_\_\_\_  
(fill in the start date) (fill in the end date)

*Attached is official documentation from our financial institution to verify our organization's financial resources.*

\_\_\_\_\_  
Name & Title of Organization's Authorized Representative (print clearly)

\_\_\_\_\_  
Signature of Organization's Representative

\_\_\_\_\_  
Date

# TRANSFER RELEASE FORM

## Student to Complete

\*\*\*\*\*

I permit my current school to release information about my school transfer.

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Advisor to Complete

\*\*\*\*\*

This student is transferring to Faith Evangelical College & Seminary, Tacoma WA.

School code: **SEA214F00368000**

Please fill out this form and return it by FAX or mail.

Faith Evangelical College & Seminary  
3504 North Pearl Street  
Tacoma WA 98407  
FAX: 253.759.1790  
Tel: 253.752.2020

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Admission Number (I-94)

SEVIS ID#: \_\_\_\_\_

Is student currently enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_

Last date of attendance: \_\_\_\_\_

Is student in status to your knowledge? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Has student met all financial obligations while attending your institution? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Last authorized vacation quarter or under-enrollment: \_\_\_\_\_

Periods of authorized employment: OPT \_\_\_\_\_ CPT \_\_\_\_\_

Date of SEVIS release: \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Name (Please print)

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
School Address