

SARAH LAWRENCE COLLEGE

INTERNATIONAL STUDENT SERVICES

APPLICATION FOR THE FORM I-20

Important: Submit this application and all supporting materials **by June 30, 2024**.

Please email to the Graduate Admissions Office at grad@sarahlawrence.edu

PART I: Personal Information

Please type your name EXACTLY as it appears in your PASSPORT and submit a copy of your passport identification page:

Family/Last Name	First Name	Middle Name
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Preferred Name: _____

Date of Birth: Month _____ **Gender:** Male Female Other (Please check one)

City of Birth: _____ **Country of Birth:** _____

Country of Citizenship: _____ Note: If you have more than one citizenship please use the one matching the passport you will use for the student visa.

Country of Permanent Residence: _____

E-mail Address: _____

Telephone: _____ **Mobile:** _____

Permanent address in home country:

Number and Street

City	Province/Territory	Postal Code	Country
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U.S. Address (if known)

Street Address	Apt /Unit #
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City	State	Postal Code
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PART II: Complete this section ONLY if you are currently in the United States. If not, continue to Part III.		
Are you currently or were you previously on F-1 visa status?		
SEVIS ID Number	Current School Name	Last Date of Attendance
OPT End Date (if applicable)		Termination Date (if applicable)
Are you here on another visa status?		
Current visa status	Current status end date	
Will you file for change of status in the United States? YES NO		

PART III: Please complete the fields that apply to you, to demonstrate the means of support for each year of your program of study at Sarah Lawrence College. Please note that all financial documents submitted **MUST** be less than three (3) months old.

Source of my support	Annual Amount in US Dollars
<input type="checkbox"/> Personal funds if applicable: the amount available from your own resources each year. e.g. personal loans, line of credit, scholarships from sources other than Sarah Lawrence College.	
<input type="checkbox"/> Funds from Sarah Lawrence College: (Scholarship, Financial Aid Award letter)	
<input type="checkbox"/> Funds from a sponsor e.g. Promise of cash support, proof of income, bank statements. Sponsor's name: _____	
<input type="checkbox"/> Funds from a sponsor Sponsor's name _____	
<input type="checkbox"/> Funds from a sponsor Sponsor's name _____	
Total amount available: This amount must be greater than or equal to your minimum annual cost.	

PART IV: Your Form I-20 will be ship via FEDEX

PRINT YOUR NAME AND ADDRESS IN ENGLISH, EXACTLY AS IT SHOULD APPEAR ON THE FEDEX ENVELOPE.

Complete Name:	
Street 1:	
Street 2:	
City, State, Province	
Postal Code, Country:	
Phone No.	

Your CHECKLIST: The following documents are attached to prove my financial responsibility:

My personal documents:

- ☐ *Bank/asset statements not more than 3 months old that includes your name, the current balance and date — please circle closing balance and indicate equivalent in US dollars.*
- ☐ *Award letter from sources other than Sarah Lawrence College.*
- ☐ *Passport information page*
- ☐ *Copy of your Sarah Lawrence College award letter*
- ☐ *Source from: Parents, Family, and/or Friend's Funds
Readily available money in your parent(s), family member, and/or friend(s) bank account(s).
Your sponsor's bank letter or bank statement no more than 3 months old that includes: the account holder's name, the current balance and the date*