I-20 Application Checklist

1. Complete ApplyTexas online:
   - www.applytexas.org

2. Complete I-20 Application Form
   - Download and print application: http://www.alamo.edu/spc/international/

   Complete, sign and mail to:
   St. Philip’s College
   International Student Services-Box 333
   1801 Martin Luther King Dr.
   San Antonio, Texas 78203

3. Proof of Financial Resources
   Applicants must provide financial documentation in English that verifies the ability to cover the cost for each year of attendance.
   - Submit official bank letter stating the amount of funds available in the account (checking or savings)
   - Bank letter must be dated within 6 months of application.
   - Bank statements are not accepted.
   - Affidavit of support may be required by U.S. Embassy.

   Estimated cost per year:
   - Student: $24,358 (includes tuition, fees, books, housing and living expenses)
   - Spouse and/or children: $5,000 (per dependent)

4. Official Academic Record
   - Original documents from high school and/or all colleges/universities attended
   - All foreign documents must be translated and/or evaluated by a member of the National Associate of Credential Evaluation Services (NACES) organization. Only evaluations from NACES members will be accepted.
   - Go to www.naces.org for list of members

5. Passport
   Submit copy of passport

6. English Proficiency
   Applicants must provide TOEFL or IELTS scores. To learn more go to: http://www.alamo.edu/spc/international/esl/

7. Photo
   Attach a passport size photograph to your I-20 Application.

8. Statement of Understanding
   Carefully read and sign the Statement of Understanding included in this application.

9. $100.00 Application Fee
   To pay $100.00 (non-refundable) application fee, go to: Submit International Application fee

10. Bacterial Meningitis Vaccination
    Applicants under the age of 22 of age must provide proof of having received the Bacterial Meningitis vaccination before you will be permitted to register for classes.

    You may receive the vaccination in your home country or once you arrive in the U.S.

    This documentation must be submitted 3 weeks prior to the first day of class.

    For additional information, go to: http://www.alamo.edu/meningitis/

11. Transfer Students
    Applicants transferring from a U.S. college/university must also submit:
    - Current and previous I-20
    - Form I-94 – www.cpb.gov/i94
    - Visa
International Student I-20 Application

Student Information

Last Name: ____________________________ First Name: ____________________________

Middle Name: ____________________________ Date of birth: _____ / _____ / _______ Male _____ Female _____

Passport Number: ____________________________ Passport Expiration Date: _____ / _____ / _______

City & Country of Birth: ____________________________

Country of Residence: ____________________________ Country of Citizenship: ____________________________

Email: ____________________________ Telephone: ____________________________

Address in Home Country

Street Address: ____________________________ City: ________________

State/Province: ____________________________ Postal code: ________________ Country/Territory: ________________

Address in the United States

Street Address: ____________________________ Apt Number: ________________

City: ________________ State: ________________ Postal Code: ________________

Admission Information

Apply for: Fall (August) _____ Spring (January) _____ Summer _____

You are applying as: 

☐ New (from home country) 

☐ Transfer (Attending U.S. college/university) 

☐ Change of Status (from another visa category)

Program of Study/Major: ____________________________ Previous Institution: ____________________________

(Transfer Students)

English Language Proficiency

Knowledge of English:

☐ Excellent ☐ Good ☐ Average ☐ Poor

TOEFL/IELTS Score: ____________________________

Attach original TOEFL score report
**Visa Information**

Are you currently in the United States?  □ Yes  □ No  
If yes, what type visa do you have?___________

Will you return to your home country to apply for the F-1 visa?  □ Yes  □ No

**Delivery of I-20:**

☑ Mail to home country address  ☐ I will pick-up in person  ☐ Representative will pick up Form I-20  ☐ Mail to the following representative

I____________________________________ hereby authorize the following representative to receive or collect my Form I-20.

(Applicant name)

Signature Required:____________________________________ Date:____________________

**Representative Information**

Last Name:____________________________________ First Name:________________________

Street Address:____________________________________ City:________________________

State/Province:____________________ Postal Code:______________ Country/Territory:___________

Relationship:________________________ Telephone:________________________

**Emergency Contact Information**

*(Name of a family member in your home country)*

Last Name:____________________________________ First Name:________________________

Street Address:____________________________________ City:________________________

State/Province:____________________ Postal Code:______________ Country/Territory:___________

Relationship:________________________ Telephone:________________________

I certify the information on this application is true and correct. I further understand any false or misleading information could result in the cancellation of my St. Philip’s College I-20 application.

____________________________________  __________________________

Student Signature  Date

**NOTE:** Receipt of the Form I-20 does not guarantee issuance of F-1 visa
# Dependent Form

**DEPENDENT 1**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td>Date of birth: MM/DD/YYYY</td>
</tr>
<tr>
<td>Passport Number:</td>
<td>Passport Expiration Date MM/DD/YYYY</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td>Country of Birth:</td>
</tr>
<tr>
<td>Country of Residence:</td>
<td>Country of Citizenship:</td>
</tr>
</tbody>
</table>

**DEPENDENT 2**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
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</tr>
<tr>
<td>Passport Number:</td>
<td>Passport Expiration Date MM/DD/YYYY</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td>Country of Birth:</td>
</tr>
<tr>
<td>Country of Residence:</td>
<td>Country of Citizenship:</td>
</tr>
</tbody>
</table>

**DEPENDENT 3**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td>Date of birth: MM/DD/YYYY</td>
</tr>
<tr>
<td>Passport Number:</td>
<td>Passport Expiration Date MM/DD/YYYY</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td>Country of Birth:</td>
</tr>
<tr>
<td>Country of Residence:</td>
<td>Country of Citizenship:</td>
</tr>
</tbody>
</table>

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This form is used to identify family members who need to apply for the F-2 dependent visa. A form I-20 will be issued to eligible dependents (spouse and/or minor child). If there are more than 3 dependents, please print additional copies of this page.
Financial Resources and Requirements

Please provide acceptable documentation that you and/or your sponsor have the ability to meet the financial requirements to cover the cost of attending St. Philip's College.

Estimated Cost of Attendance per Year

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$10,872</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>$2,074</td>
</tr>
<tr>
<td>Housing/Rent</td>
<td>$8,356</td>
</tr>
<tr>
<td>Miscellaneous Expenses (food, gas, etc.)</td>
<td>$3,056</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$24,358</strong></td>
</tr>
</tbody>
</table>

Financial Resource Requirement
An official letter on bank stationary is required to verify proof of financial resources. An additional $5,000 per dependent is required if a spouse or children will accompany the F-1 student. **Bank statements will not be accepted.**

The bank letter must include the following information:
- Name of person who holds account
- Bank account number
- Type of account(s) - checking or savings
- Date account(s) were established
- Current account balance within 60 days
- Current official rate of exchange from local currency to U.S. dollar
- Title and signature of bank official
- Telephone number and email address of bank official

Confirmation of Financial Resources
St. Philip’s College requires confirmation of financial resources of all applicants. Evaluation for the I-20 admission application will not begin until the proper financial documents have been received. Applicants are encouraged to pay tuition, fees, and other charges at the beginning of each term. Installment payments are available to all students. It is the responsibility of the international student to meet all financial obligations.

Financial Guarantee Statement
I certify I will have the minimum of $24,358 and an additional $5,000 for each dependent in U.S. currency available to me for the duration of my program of study at St. Philip’s College. This amount does not include funds required to travel to and from the U.S. The funds will be provided by the following:

Check all that apply:
- [ ] Self
- [ ] Parents
- [ ] Sponsor (provide name of sponsor)
- [ ] Other

I further certify that I have adequate funds for my travel to and from the United States.

Printed Name ________________________________ Signature of Student ________________________________ Date ________________________________
Sponsor Affidavit of Financial Support

* If the sponsor is a U.S. citizen or permanent resident this form must be notarized

I ____________________________________________________________ residing at

sponsor’s name

Street address                                                  city                            state
country                                                  postal code

I Certify:
That I am_______ years of age and ☐ do not live the U.S. ☐ have lived in the U.S. since (date) ____________

This affidavit is being completed on behalf of the individual listed below:

Name of student

Relationship to sponsor

Additional dependents: Spouse and/or children __________

Select option below that best describes your level of sponsorship

☐ I will make available to the student listed above the total sum of $24,358 and an additional $5,000 for each dependent for
duration of the program of study at St. Philip’s College. This money is in addition to any travel funds needed to travel to and from
the student’s home country.

☐ I certify that I will make available a partial monetary contribution to the above mentioned student and/or his/her dependents in the
sum of $____________________ for the duration of the student’s program of study.

I understand that I am solely responsible for the financial support of this student and will be held accountable by St. Philip’s
College for maintaining the terms of this statement.

I affirm the contents of this Affidavit signed by me and the attached documentation are true and correct.

Signature of Sponsor

Date

* If Sponsor is U.S. citizen or permanent resident this Affidavit must be notarized.

Signed before me this ________ day of ______________ of 20 _______ in, ________________________, County.

Notary Public
International Student Statement of Understanding

1. I will have sufficient funds for tuition, fees, and living expenses each year I attend St. Philip's College. I understand the cost of living may be high and international students are not allowed to work and financial aid for international students is generally not available.

2. I understand meeting the international student admission requirements does not guarantee admission into all programs offered by St. Philip's College. I further understand programs offered in specific areas, such as Allied Health or Nursing, have separate application and admission requirements.

3. I understand if my college placement exam scores in Reading, English, and Math are not at college level, I must enroll in developmental courses.

4. I must enroll full-time (12 semester hours or more) every fall and spring semester.

5. I understand tuition must be paid in full by the tuition payment deadline.

6. I understand upon request, St. Philip's College must release information required by the United States Citizenship and Immigration Service (USCIS) to determine my compliance with U.S. immigration laws. I further understand St. Philip's College must report in the Student and Exchange Visitor Information System (SEVIS) those students who are not registered for classes or who are not pursuing a full-time course of study.

7. I certify that St. Philip's College is not liable, legally or otherwise, under any circumstance for any expenses or difficulties (financial, health related, legal) I may incur while in the United States.

8. I certify that I have read and understand all the information on this form and all documents I have submitted to support my application are true and correct. I further understand false information could result in my dismissal from St. Philip's College in accordance with the college's rules and regulations.

9. Students who were placed on academic dismissal or academic suspension at their previous institutions and are seeking transfer to St. Philip's College must follow the academic dismissal policy outlined in the Alamo Colleges District catalog.

10. I understand I must have written permission from the International Student Office at St. Philip's College to enroll in courses at another college/university.

11. I understand only in one internet and/or hybrid course per semester.

12. I understand I may be dropped from my courses for non-attendance. I also understand falling below the USCIS full-time enrollment requirement may result in the termination of my SEVIS record.

13. I understand as an international student I am required to have adequate health insurance while in the U.S. and I must provide verification of health insurance every semester I am enrolled.

______________________________________________________________________

Student's Signature

______________________________________________________________________

Date