

## Required Items for All Students Applying for an I-20

- □ Full acceptance (admitted under Regular Status) to an I-20 eligible program
- □ Completed I-20 Application Form (Page 2)
- □ Copy of passport Must be valid for at least 6 months into the future
- □ \$300 non-refundable I-20 Deposit Paid by check, or electronically on Student Portal
- Current bank statement(s) and/or Affidavit of Support No older than 6 months
- □ If you have a sponsor, they must also provide a written and signed letter of support

Using the table below, students must demonstrate proof of financial support in

USD or foreign equivalent, greater or equal to the amount in the Total Column

#### 2021-2022 Estimated Costs

Degree Level	Tuition and Fees	Living Expenses	Insurance	Total (USD)
Graduate	\$7,400	\$17,500	\$2,000	\$26,900
Doctorate	\$11,240	\$17,500	\$2,000	\$30,740

#### Transfer Students - Additional Materials Required:

- Copy of your most recent I-20
- **Transfer Form** completed by your current DSO
- SEVIS record released to Saint Mary's University of Minnesota

#### Students with F-2 Dependents - Additional Materials Required:

- □ Passport for each F-2 dependent
- Derived Proof of relationship to student Copies of birth certificate or marriage certificate
- □ Add \$4,000 USD per dependent to the overall amount in Total Column

#### SCHOOLS OF GRADUATE & PROFESSIONAL PROGRAMS

2500 Park Avenue • Minneapolis, MN 55404-4403 USA 612-728-5100 • Toll-free 866-437-2788 • Fax 612-728-5121 • www.smumn.edu

# APPLICATION FOR I-20 FORM

1. Legal Name:	First		Middle			
2. Date of Birth:		nder: 🗆 Male 🗆 Ferr				
Month / Day / Yea						
4. Number of Dependents: 5. Country of Citizenship:						
6. Country of Birth:	7. City of Birth:					
8. Foreign Address:						
Street		City	Country			
9. United States Address:	City	State	Zip			
0. United States Phone: 11. Foreign Phone:						
12. Winona Campus students <u>only</u> : Will you be living on campus? Yes 🗆 No 🗅						
13. Program Information						
Degree Sought: 🗆 Master 🗳 Doctorate 🛛 Major:						
Program Start Date: 🗆 Fall 🗅 Spring 🗅 Summer						
Year Year Year 14. Sponsor Information (Check One): I Full-Sponsor I Partial-Sponsor I Self-Sponsor						
Name of Sponsor:						
15. Check One: 🗆 Initial Attendance 🗅 Transfer from Another University						
16. How would you like your I-20 Form sent? (Please choose only one option)						
□ Mail the I-20 to my U.S. Address □ Mail the I-20 to my Home Country Address						
I will pick up the I-20 in person						
Please call: or E	mail:					
By providing my signature below, I certify that the above information is true and accurate.						
		Date:				
Signature		Month / I	Day / Year			

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