



Cornell **SCE**
School of Continuing Education
and Summer Sessions

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I-20 Request and Financial Verification

Term to which this form applies: Spring Summer Fall Winter Calendar year: _____

Name (as it appears on your passport): _____
(Family - Last name) (First name) (Middle name - if applicable)

Sex: (As it appears on your passport) Male Female Neither Date of birth: _____
(Month/Day/Year)

(Telephone-Include area code and country code) (Email) (Country of citizenship)

(Country of birth) (City of birth)

(Course/program at Cornell)

(Course/program dates) (Course/program total credits)

Are you currently attending a school in the US? Yes No If yes, where? _____
(Name of school)

Dependents

Will any dependents accompany you to the United States? Yes No

If "Yes", complete the "Dependent Spouse and/or Children" section below and attach a copy of each person's passport ID page.

Dependent Spouse and/or Children

(1) _____
(1) Name (Family name) (First name) (Middle name if applicable) (Date of birth - Month Day Year)

(Country of birth) (Country of permanent residence) (Relationship to applicant)

(2) _____
(2) Name (Family name) (First name) (Middle name if applicable) (Date of birth - Month Day Year)

(Country of birth) (Country of permanent residence) (Relationship to applicant)

(3) _____
(3) Name (Family name) (First name) (Middle name if applicable) (Date of birth - Month Day Year)

(Country of birth) (Country of permanent residence) (Relationship to applicant)

Financial Verification

Term to which this form applies: Spring Summer Fall Winter Calendar year: _____

Name (as it appears on your passport): _____
(Family - Last name) (First name) (Middle name - if applicable)

Declaration of Finances

Before we can issue you the I-20 (Certificate of Eligibility for Student Visa) required for obtaining a nonimmigrant visa, we require complete documentation of the financial resources you will use to meet your educational and living expenses for the length of your program. Please review a breakdown of required funds on our International Student's Registration page here: <https://sce.cornell.edu/courses/register/credit/international>.

Sources of Funds

(Personal or family finances - name of bank)	(Amount U.S. dollars)
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(Private sponsor - name of entity)	(Amount U.S. dollars)
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(Government funds)	(Amount U.S. dollars)
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Name of government agency. Attach a copy of official, signed award letter specifying your name, amount of funds available, and duration of the award.

(Other funds)	(Amount U.S. dollars)
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Name of agency. Attach a copy of official, signed award letter specifying your name, amount of funds available, and duration of the award.)

(Total funds)	(Amount U.S. dollars)
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Please attach copies of official account statements to this form. Statements must include your name or your sponsor's name, the bank name, the date, and the amount available. Acceptable documents include bank certification letters and bank statements for checking and savings accounts. All financial documents must be submitted in English and all funds shown must be in U.S. dollars.

I certify that the information on this form is complete and accurate. I also certify that I will subscribe to the Cornell University-approved health insurance plan unless exempted by the university.

(Signature of student) _____ (Date) _____

If the source of your funding is from a parent and/or private sponsor, one of them must complete the signature area below. (If you are funding yourself and/or being funded by an outside entity, such as a government agency, you may skip this step.)

I/we certify that the information on this form is complete and accurate and that the funds will be provided, without restrictions, as indicated.

(Signature of parent or sponsor) (Date)

[illegible]

(Address)