



University of Washington Educational Outreach

For office use only:

File #: _____ Express Fee: _____
 CEDIS: _____ App. Fee: _____
 I-20 Pick-up: _____ Financial: _____
 Letter Mailed: _____

Request for I-20 Form

What program have you been accepted into? Global Strategy and Leadership

UW Department: Business School, Executive Programs

Department Contact Person: Ani Gothard-Williams

Dates of Workshop or Clerkship: Begins: July 11, 2005 Ends: July 21, 2005
 Month Day Year Month Day Year

Please type or print clearly, your name as it appears on your passport. Your I-20 is based on this information.

Family Name		First Name		Middle Name
Sex Male Female	Date of Birth month day year	Have you completed your high school education? Yes No	Score if required: TOEFL _____ TOEIC _____	
Country of Birth			Country of Citizenship	
Current Mailing Address (Your I-20 will be sent here)		Street Address		Apartment Number
City		State/Province	Postal Code	Country
Daytime phone (required for express)		Evening phone		E-mail address
Do you need an I-20 for Student Visa? Yes No		If you are in the U.S. now what kind of Visa do you have? F1 B2 U.S. Resident Other _____		
If you are currently attending, or if you have attended another school in the U.S. in the past year write the name of the school the issued the I-20				
Name of Husband or Wife coming with you:			Date and place of birth (if applying for F-2 visa)	
Name(s) of children coming with you			Dates and places of birth	

Permanent address in home country, in case of emergency. (Complete only if different from current mailing address)			Apartment number
City	State	Postal Code	Country
Names and Telephone Numbers of Closest Relatives:			
Do you have Medical Insurance? Yes No Name of Insurance Company _____			
If you have an F-1 Visa, you are required to have medical insurance. Our school provides coverage to students who do not have coverage.			

***Financial guarantee information for F-1 Visa Applicants**

If you need an I-20, you must show proof that you have enough money to support educational and living expenses in the U.S.. Fees must be paid in full at registration. Please attach a letter of financial guarantee from your bank, your family's bank, or from your sponsor. This letter should confirm that you have at least the amount shown under estimated costs for the program you want to attend for each term that you will study with us.

Personal Funds

Funds from family in the U.S.

Funds from family abroad

Sponsor (name of person or organization): _____
 If you have a sponsor, you must provide a signed letter of financial guarantee from your sponsor, in English, that is addressed to: Admissions, English Language Programs.

To request your I-20, please send:

- 1) A completed application form.
- 2) A non-refundable fee of \$45 (U.S.) Send a U.S. affiliated bank check or money order made payable to University of Washington in U.S. funds, or you may charge your Visa card.
- 3) An official bank statement and a letter of financial guarantee and /or sponsorship letter confirming that you have the funds necessary to pay all the living and tuition expenses in the U.S.
- 4) Proof of Insurance coverage and an English language copy of the Insurance policy. The policy will be reviewed and you will be advised if additional coverage is required for you planned studies in the U.S.
- 5) A copy of the page in your passport with your picture, name and birth date, if possible.

6) Three (3) self-addressed labels with your address where you want to receive mail. Do not send stamps or envelopes.

7) If you want to receive your mail by express delivery, please include \$40 (U.S.) additional fee, a street address (Express delivery cannot be sent to a P.O. Box), and a telephone number where you can be reached.

Send application materials to:

Peter Voeller
University of Washington
International Outreach Programs
Box 354232
Seattle, WA 98195-4232

Phone: (206) 543-6242 Fax: (206)685-9572
 E-mail: psv@u.washington.edu

Method of Payment:			
I am enclosing a money order or certified check for the amount required.			
Please charge my credit card for the amount required		Visa	Mastercard
Please Check all that apply	\$45 application fee	\$40 Express fee	
Credit Card Number: _____			Expiration Date: _____
Name as it appears on Credit Card _____			
Signature: _____			

I certify that the information provided is correct and complete. I understand that admission to this program does not constitute admission to the UW.

Applicant's Signature: _____ Date: _____

Application form must be signed by applicant, not sponsor of family member. Please make a copy of the completed application for your records!