



**International Student Information Form for Issuance of I-20 Form or DS-2019 Form**

**Please type or print clearly all the information requested below.**

Name: \_\_\_\_\_  
Last First Middle

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Place of Birth (city/province): \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Will spouse/children accompany you to the US? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide name, date of birth, place of birth, citizenship, and relationship (spouse, son, daughter) for each accompanying family member. Also, you should add to your living expenses \$6,000.00 for spouse and \$3,000.00 for each accompanying child.

Are you transferring from a US college/university? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide the name and address of the International Student Advisor:

\_\_\_\_\_  
\_\_\_\_\_

If you are presently in the US, please provide information on your current non-immigrant status:

F-1: \_\_\_\_\_ J-1: \_\_\_\_\_ B-2: \_\_\_\_\_ H-1: \_\_\_\_\_ Other/explain: \_\_\_\_\_

Home Address: (MUST be an address outside the US): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please return this form and financial certification (see back of form) to the:**

**Office of Graduate Studies and Enrollment  
Worcester Polytechnic Institute  
100 Institute Road  
Worcester, MA 01608-2280 USA**

**OVER**

## FINANCIAL RESOURCES and CERTIFICATION

### Source of Funds:

Personal Funds: \_\_\_\_\_  
*Account Holder's Name* *Name of Bank/Financial Institution* *Amount in US \$*

*Required certification: verification of balance on bank stationary or completion of bank certification section below.*

Family Funds: \_\_\_\_\_  
*Account Holder's Name* *Name of Bank/Financial Institution* *Amount in US \$*

*Required certification: verification of balance on bank stationary or completion of bank certification section below.*

Government Funds (US or Home Government):

\_\_\_\_\_  
*Government Source* *Sponsoring Agency* *Amount in US \$*

*Required certification: an award letter on official stationary that indicates the amount and duration of support.*

*Does your government or sponsoring agency require you to hold a J-1 non-immigrant visa? Yes \_\_\_\_\_ No \_\_\_\_\_.*

If you are receiving one of the following forms of funding from WPI, no additional financial documentation is needed (unless you are bringing family members).

Teaching Assistantship: \_\_\_\_\_ Research Assistantship: \_\_\_\_\_ Graduate Assistantship: \_\_\_\_\_ Fellowship: \_\_\_\_\_

Other Sources: \_\_\_\_\_  
*Type of Funding* *Funding Source* *Amount in US \$*

## OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

***Financial certification: In certain cases, students may be requested to certify that moneys are on deposit in the United States. Please make sure all appropriate signatures are provided: bank, and-or guarantor, and applicant. Certifications should be completed within the last three (3) months.***

Bank Representative This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and can be transferred to the United States.

\_\_\_\_\_  
*Signature of bank official* *Date*

\_\_\_\_\_  
*Please print name and title of the signatory* *Name of Bank*

Please apply bank seal above  
 \_\_\_\_\_  
*Address of bank*

Grantor/Sponsor This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and can be transferred to the United States.

\_\_\_\_\_  
*Signature of bank official* *Date*

\_\_\_\_\_  
*Please print name and title of the guarantor* *Relationship of guarantor to applicant*

\_\_\_\_\_  
*Address of guarantor*

Applicant: I certify that the above information is correct and complete:

\_\_\_\_\_  
*Signature of applicant* *Date*