

I-20 Request Form

In order to receive a Form I-20, prospective F-1 Visa students must complete the form below. Prior to submitting this form, a student must:

- be admitted to an academic program at Rocky Vista University,
- accept the offer of admission,

Last Date of Attendance: :_____

- prepay full tuition for the first semester of study, and
- have funds available to cover living expenses.

Student Information (all informati	ion must match your pas	ssport)		
Full Name of Student (last, first, mid	ddle):			
Date of Birth (month/day/year):		Sex (Required by ICE): Male		Female
Contact Information				
Email Address:		Phone Number:		
Are you currently in the United State	es? 🗆 Yes 🗀 No			
If 'yes' above, current address in Ur	nited States:			
Address:				
City:				
Permanent Foreign Address:				
City:	_Province/Territory:	Postal code:	_	
Country:				
Mail the Form I-20 to this Address:				
Address:				
City:	Province/Territory:	Postal code:	_	
Country:				
Current School Information				
Are you currently attending or recer	ntly graduated from anothe current school to transfer your S	er school in the United States?	es	No
Name of School you currently atten	d:			



Dependent Information

Relationship to Student	Name of Dependent	Date of Birth (MM/DD/YYYY)	Country of Citizenship	Sex (M/F)

I certify the information provided on all pages of this form is correct and complete, and I have funds available to cover my own living expenses for the first year of student as defined in the Rocky Vista Cost of Attendance budget published for my entering year of studies. I additionally certify I have funds available to support the living expenses of the dependents listed above.

Student Signature	Date:

Attach the following:

- A copy of your passport and any current U.S. issued Visa
- A copy of the passport for all listed dependents