



I-20 Application Checklist

- 1 Admissions Application**
- Apply online: www.goapplytexas.org

- 2 I-20 Application Form**
- Download and print application: alamo.edu/international
 - Complete, sign and mail to:



St. Philip's College
International Student Services
Box 333
1801 Martin Luther King Dr.
San Antonio, TX 78203

- 3 Financial Statements**
- We will accept copies of your financial documents. However, we do not accept copies sent by fax. Students must provide documentation that verifies ability to pay the cost of attending college for a year. Costs of caring for dependent(s) are additional:

\$28,500 student

\$ 5,000 per spouse/children

- Provide official bank letter verifying savings or checking account(s). Letter must be dated within 60 days and in English.
- Bank statements will not be accepted.
- Affidavit of Support-Immigration may be required. Please keep a copy for your records.

- 4 Official Academic Record**
- Original documents from high school or all colleges or universities attended
 - Original translation and evaluation of foreign transcripts by a member of the National Associate of Credential Evaluation Services (NACES)
 - Visit www.naces.org for list of members

- 5 Passport**
- Please provide a copy of your passport

- 6 English Proficiency:**
- TOEFL or IELTS scores are required to enroll in college level courses.

- 7 Photo**
- Please attach a passport-size photo to your application.

- 8 Statement of Understanding**
- Please read and sign the statement of understanding that is included in this application.

- 9 Processing Fee:**
- \$100.00 U.S. Dollars (non-refundable)
Attach a money order to application
 - Online credit card payment visit www.alamo.edu/district/virtual-business-office/
 - Alamo Colleges Market Place (select; "click here")
 - Select Alamo Colleges District International Services
 - Select International Application Fee
 - Print receipt and attach copy

- 10 Bacterial Meningitis Vaccination**
- All new students under 22 years of age must provide proof of having received the Bacterial Meningitis vaccination. This vaccination is required in order to register for classes. You can get the vaccination prior to entering the U.S. or arrive three weeks before your schedule classes and get the vaccination in the U.S. Visit www.alamo.edu/meningitis for more information.

- 11 Transfer Students:**
- Submit copies of the following:
- Current and previous I-20
 - Copy of Form I-94 (www.cbp.gov/i94)
 - Passport
 - Visa



ALAMO COLLEGES DISTRICT St. Philip's College

Attach
Passport Size
Photograph

INTERNATIONAL STUDENT: I-20 APPLICATION

STUDENT INFORMATION

(PLEASE PRINT INFORMATION AS LISTED ON PASSPORT)

Last Name: _____ First Name: _____

Middle Name: _____ Date of birth: ____/____/____ Male ____ Female ____
MM DD YYYY

Passport Number: _____ Passport Expiration Date ____/____/____
MM DD YYYY

City & Country of Birth: _____

Country of Residence: _____ Country of Citizenship: _____

Email: _____ Telephone: _____

Permanent Address in Home Country:

Street Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country/Territory: _____

Local Address or Planned Residency in the U.S.:

Street Address: _____

City: _____ State: _____ Postal Code: _____

ADMISSION INFORMATION

(PLEASE PRINT)

Apply for: Fall (August) 20____ Spring (January) 20____

You are applying as: ☐ New (from home country)
☐ Transfer (Attending U.S. college/university)
☐ Change of Status (from another visa category)

Program of Study/Major: _____ Previous Institution: _____

English Language Proficiency

Knowledge of English: ☐ Excellent ☐ Good ☐ Average ☐ Poor

TOEFL/IELTS Score: _____

Attach original TOEFL score report. .

VISA INFORMATION

Are you currently in the United States? ☐ Yes ☐ No If yes, what type visa do you have? _____

**If you have an F-1 visa, attach copies of ALL I-20's from each school attended and your I-94, passport and F-1 visa.*

Will you go to your home country to apply for the F-1 visa? ☐ Yes ☐ No

Delivery of I-20:

☐ Mail to home country address ☐ Mail to the following representative ☐ Following representative will pick up Form I-20.

I, _____, hereby authorize the following representative to receive or collect my Form I-20.

Signature Required: _____ Date: _____

REPRESENTATIVE INFORMATION

Last Name: _____ First Name: _____

Street Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country/Territory: _____

Relationship: _____ Telephone: _____

EMERGENCY CONTACT INFORMATION

(PLEASE PRINT, CONTACT SHOULD BE A PERSON WHO CAN BE CONTACTED IN THE USA)

Last Name: _____ First Name: _____

Street Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country/Territory: _____

Relationship: _____ Telephone: _____

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT CANCELLATION OF MY

APPLICATION MAY RESULT IF ANY INFORMATION IS FOUND TO BE INCOMPLETE OR INACCURATE.

Signature of Student

Date

This application is to obtain the Form I-20 and request your F-1 student visa.
Apply for admissions to St. Philip's College at www.ApplyTexas.org.

Dependent Form

DEPENDENT 1 (Please Print)

Last Name: _____ First Name: _____

Middle Name: _____ Date of birth: ____/____/____ Male ____ Female ____
MM DD YYYY

Passport Number: _____ Passport Expiration Date ____/____/____
MM DD YYYY

Relationship to Student: _____ Country of Birth: _____

Country of Residence: _____ Country of Citizenship: _____

DEPENDENT 2 (Please Print)

Last Name: _____ First Name: _____

Middle Name: _____ Date of birth: ____/____/____ Male ____ Female ____
MM DD YYYY

Passport Number: _____ Passport Expiration Date ____/____/____
MM DD YYYY

Relationship to Student: _____ Country of Birth: _____

Country of Residence: _____ Country of Citizenship: _____

DEPENDENT 3 (Please Print)

Last Name: _____ First Name: _____

Middle Name: _____ Date of birth: ____/____/____ Male ____ Female ____
MM DD YYYY

Passport Number: _____ Passport Expiration Date ____/____/____
MM DD YYYY

Relationship to Student: _____ Country of Birth: _____

Country of Residence: _____ Country of Citizenship: _____

This form will be used to identify family members who need to apply for the F-2 dependent visas. A Form I-20 will be issued to eligible dependents. For additional dependents, please print additional copies of this page.

Financial Resources and Requirements

Please provide documentation that you meet the financial requirements to pay for the cost of attending St. Philip's College.

Estimated Cost of Attendance Per Year

Tuition & Fees	\$7,972
Books & Supplies	\$500
Housing/Rent	\$14,250
Miscellaneous Expenses (food, gas, etc.)	<u>\$5,778</u>
Total	\$28,500

Financial Resource Requirement

A bank letter verifying proof of financial resources of at least \$28,500 U.S. is required. An additional \$5,000 U.S per dependent is required if a spouse or children will accompany the F-1 student. Please have your bank, parent's bank, or sponsor's bank draft an official letter on bank letterhead to the International Student Services. The letter should include the following information:

- Name of person who holds account
- Bank account number
- Type of account(s) - checking or savings
- Date account(s) were established
- Current account balance within 60 days.
- Current official rate of exchange from local currency to U.S. dollar.
- Title and signature of bank official
- Telephone number and email address of bank official
- Bank statements will not be accepted

Confirmation of Financial Resources

The Alamo Colleges requires confirmation of financial resources of all applicants who are not United States citizens or do not hold permanent residence. Evaluation for admission will not begin until the proper financial statements are on file. Students are encouraged to pay tuition, fees, and other charges at the beginning of each term. Installment payments are available through the Alamo Colleges District Business Office. It is the responsibility of the international student to meet these financial obligations.

Financial Guarantee Statement

I certify that I will have the minimum of \$28,500 and an additional \$5,000 for each of my dependents in U.S. currency available to me each year I am studying at St. Philip's College. This amount is exclusive of travel funds. These funds will be provided by the following:

Check all that apply:

☐ Self ☐ Parent ☐ Sponsor (name) _____ ☐ Other (specify) _____

I certify that I have adequate funds for my travel to and from the United States.

Signature of Student

Date

Affidavit of Financial Support

To be completed by parent, sponsor or funding sources. If funding is provided by a U.S. citizen or permanent resident this form must be notarized.

Affidavit of Support

I, _____ residing at

(sponsor's name)

(street address)

(country)

(city)

(state)

(postal code)

Certify:

That I am _____ years of age, and do ☐ do not ☐ reside in the United States since (date) _____.

This Affidavit is executed on behalf of the following person:

Name of student

Relationship to sponsor

Student country of citizenship

Additional dependents: Spouse or children _____

☐ I certify that I will make available to the student listed above the total sum of \$28,500 and the additional \$5,000 for each of the dependents for each year of study at St. Philip's College. This money is in addition to any travel funds needed to travel to and from the student's home country. I understand that I am solely responsible for the financial support of this student and will be held accountable by St. Philip's College for maintaining the terms of this statement. If I am a U.S. citizen or permanent resident, I will have this Affidavit of Support notarized.

☐ I certify that I will make available partial monetary contributions to the above mentioned student in the sum of \$_____.

☐ I certify that I will provide the following specific contributions to support the person(s) listed above:

Please indicate type of contribution, amount and duration.

Type of Contribution

Duration

Amount or value

I affirm that the contents of this Affidavit (signed by me) and the attached document(s) are true and correct.

Signature of Sponsor

Date

* If Sponsor is U.S. citizen or permanent resident this Affidavit must be notarized.

Signed before me this _____ day of _____ of 20__ in _____, County.

Notary Public



ALAMO COLLEGES DISTRICT

St. Philip's College

International Student Statement of Understanding

1. I will have sufficient funds for tuition, fees, and living expenses each year I attend **St. Philip's College**. I understand the cost of living may be high. International students are not allowed to work and financial aid for international students is not available at the **St. Philip's College**.
2. I understand meeting the international student admission requirement does not guarantee admission to all programs offered by **St. Philip's College**. I further understand that programs offered in specific areas, such as allied health or nursing, have separate application and admission requirements.
3. I understand if the college placement exam scores in Reading, English, and Math are not at college level, I must enroll in developmental courses.
4. I will enroll full-time (12 semester hours or more) every fall and spring semester.
5. I understand all student tuition must be paid in full by the payment deadline at the beginning of each semester. I also understand that payment plans are available to me and arrangements can be made with the Alamo Colleges **District Business Office**.
6. I authorize **St. Philip's College** to release any information required by the United States Citizenship and Immigration Services (USCIS) to determine my compliance with U.S. immigration laws. I further understand that **St. Philip's College** must report in the Student and Exchange Visitor Information System (SEVIS) those students who are not registered for classes or who are not pursuing a full-time course of study.
7. I certify that **St. Philip's College is not liable**, legally or otherwise, under any circumstances for any expenses or problem difficulties (financial, health related, legal) I may incur while in the United States.
8. I certify that I have read and understand all the information on this form and that all documents I have submitted to support the information given are correct and true. I further understand that false information could result in my dismissal from **St. Philip's College** in accordance with the colleges rules and regulations.
9. Students who were placed on academic dismissal or academic suspension at their previous institutions and are seeking transfer to **St. Philip's College** must follow the academic dismissal policy outlined in the **St. Philip's College's** catalog.
10. I understand that a minimum of one-half of my coursework must be completed **at St. Philip's College**.
11. I understand that I can only take one **internet and/or hybrid** course per semester.
12. I understand that I may be dropped from my courses for non-attendance. I also understand that dropping below the full-time course load may affect my visa status.
13. I understand that as an international student I am required to have adequate health insurance while in the U.S. and I must provide verification of health insurance at time of registration.

Student's Signature

Date