For International Students in Biomedical Graduate Studies — I-20/DS-2019 Application

Please return this form, accompanied by all required documents, with your application form.

Both sides of this document must be completed. *Do not mail this form separately from the application.* Your graduate application for admission will not be considered complete without this I-20/DS-2019 form. Official financial documents, explained below, are also required. This information is required in order for you to obtain a visa. All information submitted must be in English or be accompanied by an official translation.

Instructions: Proof of financial responsibility for students who are not United States citizens or permanent residents is required. All documents must be official.

- 1. If you are self/parent sponsored: Submit a current official bank letter in your or your parents' names, signed by a bank official, stating the amount that is on deposit in U.S. dollars. Minimum funds required are explained under Financial Expenses.
- 2. If you are being sponsored by someone else: Submit a Drexel Affidavit of Support and a current officially signed bank letter in your sponsor's name. The affidavit will be sent to you upon receipt of the application.
- 3. If you are receiving a scholarship, fellowship, or assistantship: Submit an award letter in your name. Enclose a signed letter or affidavit giving full details regarding the promise of support and stating the specific amount of money in U.S. dollars.
- 4. If you are currently attending a school in the United States, please request a transfer report from our International Admissions Office.
- 5. For a spouse, \$4,000 in additional financial documentation is required; for each child, \$2,000. The spouse and children of an F-1 visa holder cannot work in the United States.

Notice: If you would like your I-20 or DS-2019 express mailed, please check here 🖵 and enclose a non-refundable check for U.S. \$50.00 payable to Drexel University. Personal Information (please type or print) Applicant's Name: Last/Family Gender:

Male Female Date of Birth: _ Drexel Student ID Number: _ (Leave blank if you do not know your ID number) Month/Day/Year City of Birth: Country of Birth: _ _____ Country of Permanent Residence: ___ Country of Citizenship: __ Occupation in Home Country: __ Marital Status: ☐ Single ☐ Married I expect to come to the U.S.: ☐ Alone ☐ With Spouse ☐ With Children. How many? ___ Please list the dependents coming with you to the U.S.: **Family Name First Name** Date of Birth, Country of Birth, and Citizenship Relationship **Addresses** Mailing Address (where the form may be sent): Permanent Address (home country): Number and Street Number and Street City City State³ Postal/ZIP Code* Postal/7IP Code* Country Country Phone Number: Home Phone Number: Country/City/Area Code Country/City/Area Code Phone Number Phone Number

Email Address: _

^{*} Please supply if applicable.

Visa Information							
1. If you are now in the U.S., what type of visa do you have?				What is the	Month/Day/Year		
2. If you are currently in the U.S. on an	F-1 or J-1 visa, wha	t institution iss	sued yo	our most recent I-	20 or DS-2019	9?	World / Day/ Teal
Institution Name			Institution Address (Number and Street)				
City		Sta	ate	ZIP Code	C	Country	
Financial Expenses							
Please note the following estimated expense	es for the 2010-2011	academic year:	•				
For one academic year (nine mor	nths):						
Estimated Academic Year Costs	Tuition and + Student Fees	Living Expense (off campus)		Total Estimated Costs			
Biomedical Graduate Studies:	\$21,336 +		=	\$32,004	_		
 3. □ I declare that I have truthfully st 4. □ I have clearly stated who my spe 5. □ I understand that by law I cannot 6. □ I understand that the law require and I agree to purchase the requirements. 	onsor is and my rela ot expect to work to res F-1 international	ationship to hi support my s students to h	m/her. studies old me	and that I cannot dical insurance ar	expect to rece and J-1 students		
Signature of sponsor providing funds						Date	
orginature of spousor providing funds	I certify that the above	ve funds will be	availab	e for this student.		Dat	
FOR DREXEL USE ONLY Student's Major Code	Degr	ee Sought				Term Entering	

For More Information:

Student ID Number _

International Students and Scholars Services Phone: 1-215-895-2502

Fax: 1-215-895-6617

Mail To:

_ Official Signature _

Drexel University College of Medicine 2900 Queen Lane, Room G24 Philadelphia, PA 19129 USA



Date _

Drexel University 3141 Chestnut Street Philadelphia, PA 19104 www.drexel.edu/em 1-800-2-DREXEL