



REQUEST TO UPDATE I-20

Requests to update the I-20 must be submitted with all supporting documentation no later than 14 days after the start of the effective term for the new program of study or no later than 60 days after the program end date of the previous program, whichever is earlier. Requests to update the I-20 must include sufficient financial documentation showing proof of funding for the new program of study. Please refer to the financial certification information attached for required amounts of funding.

To be completed by the student:

NAME: _____

MUID: _____ SEVIS #: N _____

MU EMAIL: _____ PHONE (U.S.): _____

U.S. ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENT PROGRAM LEVEL: Academic English Pathway Undergraduate Graduate

CURRENT MAJOR: _____ CURRENT I-20 END DATE (MM/DD/YYYY): _____

PLEASE CHECK ONE:

- I plan to complete this program by the end date on my I-20.
- I will not complete this program by the end date on my I-20 and require an extension to complete this program. (Please complete a program extension form.)
- I do not plan to complete this program of study.

WHEN WILL YOU BEGIN THE NEW PROGRAM?: Fall Spring Summer

NEW PROGRAM LEVEL: Academic English Pathway Undergraduate Graduate

NEW MAJOR: _____

DO YOU PLAN TO TRAVEL OUTSIDE THE U.S. PRIOR TO STARTING THE NEW PROGRAM? Yes No

IF YES, PLEASE COMPLETE THE FOLLOWING:

DEPARTURE DATE: _____ DATE OF RETURN: _____

F-1 VISA EXPIRATION DATE: _____ PASSPORT EXPIRATION DATE: _____

METHOD OF DELIVERY:

- I will pick my I-20 up in ISS at the Welcome Center, first floor.
- I would like my I-20 shipped to me and will be paying for shipping through UEMS eShipGlobal.
- A friend will be picking my I-20 up on my behalf. (*FERPA FORM REQUIRED.)
- I would like my I-20 mailed via regular post mail to the following address: _____

By signing this document, I confirm that all information above is accurate and true.

STUDENT SIGNATURE: _____ DATE: _____



FINANCIAL CERTIFICATION FORM

LAST NAME (FAMILY): _____

FIRST NAME (GIVEN): _____

COUNTRY OF BIRTH: _____ CITY OF BIRTH: _____

DATE OF BIRTH (MM/DD/YYYY): _____ COUNTRY OF CITIZENSHIP: _____

EMAIL: _____ PHONE: _____

Are you currently in the United States? Yes No If yes, list immigration status: _____ (F1, H1B, etc.)

If yes, and the immigration status is not F-1, the I-20 will not be issued until you have made an appointment with the Office of International Student Services for assistance with a change of status application. If you are not eligible for a change of status, the I-20 will only be issued for travel to your home country.

SOURCES AND AMOUNTS OF FINANCIAL SUPPORT

Proof of financial support is required for each subsequent program. Bank statements may be in US dollars or foreign currency. Bank statements must be no older than 6 months from the date the I-20 issue date. In lieu of a bank statement, the Affidavit of Financial support on the reverse side of this form may be provided with completed and notarized bank certification section.

Personal funds..... \$ _____

Include a bank statement no older than 6 months.

Family / Friend..... \$ _____

Complete the Affidavit of Support on the back of this form and submit a bank statement no older than 6 months.

Marshall University assistantship, scholarship, or other form of funding..... \$ _____

Include a copy of the award letter.

Financial aid from a government agency, private foundation, or bank..... \$ _____

Included the original form or official copy of your award as evidence of financial support.

Total Amount of Financial Support..... \$ _____

Total must meet or exceed minimum estimated expenses for one academic year or duration of program, whichever is shortest.

By signing my name to this form, I certify that the information given is a correct and accurate statement of my financial support for my program of study at Marshall University.

STUDENT SIGNATURE: _____ DATE: _____

Affidavit of Financial Support

Marshall University

Statement of Applicant and Sponsor

I certify that I will have a minimum of \$ _____ in U.S. currency available to me for study at Marshall University.

The above funds will be provided (check one):

___ from my personal savings

___ from a private sponsor (family or friend)

___ other (specify)

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

I further certify that I can make the necessary arrangements to have these funds transferred to the United States.

Applicant's Name (please print): Family Name First Name Middle Name

_____ Date: _____

Sponsor's Name (please print): Family Name First Name Middle Name

Signature of Sponsor: _____ Date: _____

Relationship of Sponsor: _____

Address of Sponsor: _____

Statement from Bank of Financial Establishment

This is to certify that _____, whose signature appears above as sponsor, has ample funds at this time to meet the expenses of the applicant named. This certificate does not constitute a statement of liability on my part or that of the firm or bank I represent.

Signature: _____ Date: _____

Organization: _____

Address: _____