

I-20 Request Form

LIFE
University

it's in you.

If you need an I-20 (Certificate of Eligibility for an F-1 visa student) from Life University, please fill out this form and return it to internationaldocuments@life.edu.

A form I-20 cannot be issued to you until your accepted at Life U into the degree program and we receive proof of financial ability (sponsor letters, bank letters, scholarships, etc.) for you and your immediate family (if applicable) and it is approved by the Principal Designated School Official/ Designated School Official (P/DSO). Please allow five business days for processing of I-20.

Surname _____ First Name _____ Middle Initial _____

Date of Birth (month/date/year) _____

Country of Birth _____

Country of Citizenship _____

Mailing Address _____

Are you transferring from a U.S. high school or university? ☐ Yes ☐ No

If **YES**, please contact us for a transfer eligibility form.

Your program of study: _____

Which quarter are you enrolling in at Life U? _____

Will a spouse and/or child (children) be included on your I-20 as dependents? ☐ Yes ☐ No

If yes, please continue to page 2 to fill out dependent information.

Signature _____ Date _____

Dependent I-20 Request Form

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If you are bringing your immediate family (spouse and children), please add \$6,200 for your spouse; \$9,800 for spouse and child; \$13,400 for spouse and two children; \$3,600 for no spouse and one child; and \$7,200 for no spouse and two children. Please contact us for more information at international@life.edu.

If yes, please provide the following information for each family member. (Relationship to you: wife, husband, son, daughter).

Surname _____ First Name _____ Middle Initial _____

Relationship to Student _____ Date of Birth (month/date/year) _____

Country of Birth _____ Country of Citizenship _____

Surname _____ First Name _____ Middle Initial _____

Relationship to Student _____ Date of Birth (month/date/year) _____

Country of Birth _____ Country of Citizenship _____

Surname _____ First Name _____ Middle Initial _____

Relationship to Student _____ Date of Birth (month/date/year) _____

Country of Birth _____ Country of Citizenship _____

Signature _____ Date _____