

**IMPORTANT CONFIDENTIAL INFORMATION**

**Please print this form, fill it out and mail it to:**

This document must be completed and submitted to the International Programs Office before the Form I-20 can be prepared. All questions must be answered in full. Omission of any requested information may cause a delay in issuance of the I-20.

Office of International Programs  
Attn: Susan Cohn  
The University of Memphis  
102 Brister Hall  
Memphis, TN 38152-3520

**Applicant's Name:**

*Last (family name) First Middle*

**Foreign Address:**

(Physical Address NOT a P. O. Box)

*Address City State/Postal Code*

**Country:**

**Student's Marital Status:** Single ( ) Married ( ) Divorced ( ) Widowed ( )

**Will your spouse and/or dependent child(ren) be accompanying you to the U S?** Yes\_\_\_ No\_\_\_

**Will they require F-2 Dependent I-20's?** Yes\_\_\_ No\_\_\_

If Yes, you must provide proof that an additional \$6,000 is available for the support of your spouse and proof that an additional \$3,000 is available to support each dependent child. In addition you must provide Last (family) Name, First Name, Relationship to You, Gender and Date of Birth for each person who will require an F-2 Dependent I-20. Please use the back of this form to provide the information.

**IF YOUR SPOUSE IS PROVIDING YOUR SUPPORT PLEASE FURNISH THE FOLLOWING INFORMATION:**

**Name of Spouse:**

**Spouse's Employer:**

**Spouse's Income (in US Dollars):**

**IF YOUR PARENT(S) ARE PROVIDING YOUR SUPPORT PLEASE FURNISH THE FOLLOWING INFORMATION:**

**Father's Employer:**

**Father's Income (in US Dollars):**

**Nature of Business**

(If Father is self-employed, please explain):

**Mother's Employer:**

**Mother's Income (in US Dollars):**

**IF YOUR SPOUSE OR PARENTS WILL NOT BE PROVIDING SUPPORT, PLEASE FURNISH THE FOLLOWING INFORMATION:**

**Name of Sponsor:**

**Sponsor's Relationship to You:**

**Sponsor's Employer:**

**Sponsor's Income (in US Dollars):**

**Sponsor's Address**

*Address City State/Postal Code*

**Sponsor's Telephone #**

GRADUATE STUDENTS WILL BE REQUIRED TO SHOW PROOF OF FUNDING AT LEAST EQUAL TO \$32,500.00 FOR THE ACADEMIC YEAR 2009-2010. THIS INCLUDES AN APPROXIMATE TUITION COST OF \$19,500.00 PLUS LIVING EXPENSES OF APPROXIMATELY \$13,000.00 (INCLUDING STATE MANDATED HEALTH INSURANCE.) UNDERGRADUATE STUDENTS WILL BE REQUIRED TO SHOW PROOF OF FUNDING AT LEAST EQUAL TO \$30,000.00 FOR THE ACADEMIC YEAR 2009-2010. THIS INCLUDES AN APPROXIMATE TUITION COST OF \$17,000.00 AND LIVING EXPENSES OF \$13,000.00 (INCLUDING STATE MANDATED HEALTH INSURANCE.) THE STUDENT SHOULD PLAN TO COME TO THE UNITED STATES WITH AT LEAST \$3,000.00 FOR IMMEDIATE FUNDS AND EMERGENCIES

We have read the above statements and certify that sufficient funds are available to defray all of the expenses mentioned above. We also certify that the information provided for all the questions on this form is accurate and true.

Signature of Applicant

Signature of Sponsor

Signature of Parent

Signature of Banker