



# INTERNATIONAL STUDENT INFORMATION SHEET

Attention: Please complete this form by printing clearly or typing your responses and return it with the Application Agreement Statement. All questions must be answered.

Name \_\_\_\_\_  
FAMILY/LAST NAME First Name Middle Name

Current Mailing Address \_\_\_\_\_  
\_\_\_\_\_ until \_\_\_\_\_  
date

Permanent Address (Home Country) (if different from above) \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_ e-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: Male ( ) Female ( ) City & Country of Birth \_\_\_\_\_  
month/day/year

Citizenship Status: ( ) US ( ) Permanent Resident U.S. ( ) Non-immigrant

Country of Citizenship \_\_\_\_\_ US Social Security No/Student ID No (if applicable) \_\_\_\_\_

Passport Issued By \_\_\_\_\_ Country Passport Number \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_

Type of Visa Held (if applicable) \_\_\_\_\_ Visa Expiration Date \_\_\_\_\_

Intended Major/Area of Study \_\_\_\_\_ Intended Degree \_\_\_\_\_ TOEFL Score \_\_\_\_\_

Semester of Enrollment: Fall ( ) Spring ( ) Summer I ( ) Summer II ( ) Year \_\_\_\_\_

Do you require on campus housing? ( ) Yes ( ) No

### Required Visa Information (Please check one):

- \_\_\_ I request an I-20 for an F-1 Student Visa (for entry to US)
- \_\_\_ I am in the US in F-1 or J-1 student status and need to transfer
- \_\_\_ I request an IAP-66 for J-1 Exchange Visitor Visa
- \_\_\_ I plan to come alone.
- \_\_\_ I plan to bring the following dependents (spouse and/or children) with me.

Name	Relationship	Date of Birth	Place of Birth	Citizenship

**FINANCIAL CAPABILITY VERIFICATION**

**Please complete this section and attach all necessary financial documents to this certificate.** You are required to certify that you will have available the sum of \$ \_\_\_\_\_ for your own expenses for your first academic year at The University of North Carolina Wilmington, exclusive of travel expenses. You must also indicate how you plan to meet your expenses for subsequent years of study if your program of study requires more than one year.

**NOTE:** It will be helpful for you to have 2 originals of each type of financial documentation. Send one set of originals with your financial certificate, to the Graduate School with your Application for Graduate Admission. Also, keep one set of originals for yourself because they may be required at the U.S. Embassy or Consulate when you apply for your visa, and they may be required again upon entry to the U.S. during Immigration inspection.

I expect to be at UNCW for \_\_\_\_\_ years. Show sources of support for each of those years below:

SOURCES OF SUPPORT	AMOUNTS (IN U.S. DOLLARS)			
	1 <sup>ST</sup> Year	2 <sup>ND</sup> Year	3 <sup>rd</sup> Year	4 <sup>TH</sup> Year
<b>1.PERSONAL FUNDS</b> Name of Bank: _____ Attach a current original bank statement in English in U.S. dollars indicating first year's support and a letter explaining how you intend to provide the funding you have indicated for subsequent years.				
<b>2.PARENTS OR OTHER PRIVATE SOURCES</b> Print name of each sponsor: _____ Relationship of sponsor(s) to you: _____ Attach a current original bank statement in English in U.S. dollars indicating first year's support and a letter from your sponsor indicating the amount of funds and number of years that support will be provided to you by the sponsor.				
<b>3.YOUR GOVERNMENT</b> Print name of government agency _____ Attach original official documentation: letter of award or scholarship.				
<b>4.OTHER (private scholarship, home university).</b> Attach original award letter or proof of sponsorship with English translation. Please specify source: _____ _____				
<b>5.TOTAL ALL SOURCES OF SUPPORT FOR EACH YEAR</b>				

**Applicant Certification**

I, (print name) \_\_\_\_\_, certify that the information on this Financial Certificate and any supporting documents is true and accurate. I have read the information here provided and understand and agree to my financial obligation to the University of North Carolina Wilmington. Further, I certify that the information provided above is correct and that I shall not require additional financial assistance from the University or from any federal or state public assistance program. I fully understand the extent of my financial responsibilities to UNC Wilmington. I also must maintain the UNCW Student Medical Insurance Plan throughout my studies or a medical plan that meets the minimum requirements.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Did you sign this form? Did you complete every section? Did you attach all necessary documents?
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