

INTERNATIONAL STUDENT INFORMATION FORM

SUBMIT COMPLETED FORM TO:

INTERNATIONAL PROGRAMS AND SERVICES
800.684.2890 (phone)
international@thechicagoschool.edu

Directions: All international students must complete all required sections of this form. Once completed, submit this form to The Chicago School of Professional Psychology (TCSPP) with a copy of your passport and any other immigration documents that verify your status.

If you are attending The Chicago School as an **F-1 student**, complete this form in its entirety and submit it with a copy of your passport, relevant immigration documents, and all required financial documentation. If you are currently in legal F-1 status and recently completed studies at another U.S. institution, you must ALSO complete the Transfer In Form (available at <http://my.thechicagoschool.edu>).

I. PERSONAL INFORMATION (required)

FAMILY NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

I have been admitted in the following category:

- Degree seeking student
 Student-at-Large Short-term exchange program participant

Program Name: _____

I will be pursuing the following degree:
(if applicable)

Semester in which you plan to begin your studies:

- Fall (September) Spring (January)
 Summer (May)

Year: _____

Campus where you will be attending: _____

II. CURRENT IMMIGRATION STATUS (required)

Have you been to the United States before? Yes No

If yes, how much time have you spent in the United States? _____

In what capacity were you in the United States?

Visitor (B1/B2) Student Other: _____

Do you currently hold a valid immigration status in the United States?

Yes No

If so, what is your current legal immigration status?

- B1/B2 F1 F2 H1-B H-4 J1 J2
 U.S. Permanent Resident
 Other (specify): _____

What date does your status expire? _____

Do you plan to apply for a change of status to F-1 prior to beginning your studies?

Yes, F-1 Yes, J-1* No

Do you plan to travel back to your home country prior to beginning your studies at TCSPP?

Yes No

If yes, do you wish to change your status to F1 through travel?

Yes No

What are your planned dates of travel? _____

III. BIOGRAPHICAL INFORMATION (required) Please print name EXACTLY as it appears in your passport

FAMILY NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

PERMANENT FOREIGN ADDRESS (Immigration regulations require a non-U.S. permanent foreign address. This address is used for SEVIS reporting purposes and visa appointments.)

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE/PROVINCE: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

GENDER: MALE FEMALE DATE OF BIRTH DAY: _____ MONTH: _____ YEAR: _____

BIRTH CITY: _____ BIRTH COUNTRY: _____

COUNTRY OF CITIZENSHIP: _____

If you have dual citizenship, list the country of the passport you will use to enter the United States.

COUNTRY OF LEGAL PERMANENT RESIDENCE: _____

This may be the same as your country of citizenship Do not type U.S.

For J-1 applicants only: What is your current position in your home country:

UNDERGRADUATE STUDENT GRADUATE STUDENT EMPLOYMENT: GOVERNMENT EDUCATION

OTHER: _____

IV. DEPENDENT INFORMATION

Enter information for each dependent (spouse or child) who will accompany you to the U.S. in dependent status (F-2). **Attach copies of each dependent's passport and other immigration documentation, if applicable.**

If you do not have dependents, or if your dependents will not accompany you to the U.S. in dependent status, proceed to the next section. NOTE: Eligible dependents are spouses and children (parents, grandparents, fiancés, etc. are not considered dependents for visa purposes.)

DEPENDENT 1:

_____		_____		_____	
Family Name		First Name		Middle Name	
Date of birth (mm/dd/yyyy):	_____	Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to F-1:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child				
City of birth:	_____	Country of birth:			
Country of citizenship:	_____	Country of Legal Permanent Residence:			

DEPENDENT 2:

_____		_____		_____	
Family Name		First Name		Middle Name	
Date of birth (mm/dd/yyyy):	_____	Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to F-1:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child				
City of birth:	_____	Country of birth:			
Country of citizenship:	_____	Country of Legal Permanent Residence:			

DEPENDENT 3:

Family Name	First Name	Middle Name
Date of birth (mm/dd/yyyy): _____	Gender: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to F-1: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
City of birth: _____	Country of birth: _____	
Country of citizenship: _____	Country of Legal Permanent Residence: _____	

IV. FINANCIAL INFORMATION

The Chicago School of Professional Psychology is required to obtain reliable documentation that you have adequate financial resources to meet expenses for your program before your I-20 can be issued. **Funding for F-1 students** may come through personal or family funds. Loans of any kind constitute personal funds and do NOT qualify as institutional support or university support.

Please outline your anticipated costs and financial support below. Please see the document, *Financial Requirements for Students in F1 Status* on the Admitted International Students section of the TCSPP website for more information about financial documentation requirements.

COSTS	FUNDS	NAME AND TYPE OF SOURCE
TUITION: \$ _____	STUDENT'S PERSONAL FUNDS: \$ _____	_____
LIVING EXPENSES: \$ _____	FUNDS FROM TCSPP: \$ _____	_____
OTHER EXPENSES: \$ _____	FUNDS FROM ANOTHER SOURCE: \$ _____	_____
DEPENDENT EXPENSES: (if applicable) \$ _____		
TOTAL: \$ _____	TOTAL SUPPORT: \$ _____	
	Must equal or exceed total cost at left	

*NOTE: Each sponsor must provide the required financial documentation and a signed Affidavit of Financial Support

**AFFIDAVIT OF FINANCIAL SUPPORT – SPONSORSHIP
SPONSOR INFORMATION**

SPONSOR FULL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

SPONSOR'S RELATIONSHIP TO APPLICANT: _____

DECLARATION OF SUPPORT:

I,	(Sponsor),	financial sponsor for
	(Student),	certify that I agree to support the
student listed above . I plan to contribute _____ in U.S. dollars per year for up to _____ years		
As of the date signed on this form, I have reviewed and am aware of the current financial I-20/DS-2019 estimates for international students attending The Chicago School of Professional Psychology. I am also aware that these estimates are subject to change without prior notice. I certify that all information provided on this affidavit and on the attached documents proving availability of funds is true and valid. I further certify that I understand this affidavit is a binding document.		

SPONSOR SIGNATURE: _____ DATE: _____
(Must be handwritten signature)

NOTE: Please remember this form must be accompanied by an official document from the respective financial institution (BANK, EMPLOYER, GOVERNMENT AGENCY or similar). For example, if your parent will support you, you must provide a copy of your parent's financial document that shows the financial support referenced.

I-20 Application Checklist for F-Students

Directions: Complete this checklist and include it with the other required documents for issuance of your I-20. Submit completed application to your campus DSO.

- International Student Information Form
 - Completed Section I: Personal Information (required)
 - Completed Section II: Current Immigration Status (required)
 - Completed Section III: Biographical Information (required)
 - Completed Section IV: Financial Information (required)
 - Completed Section V: Dependent Information (If applicable)

Transfer Students:

- Transfer In Form* (available at www.thechicagoschool.edu)

If the form is not included, ask your current DSO to send it to your campus DSO at The Chicago School. We will not be able to issue your I-20 until your SEVIS release date.

Change of Status Students:

- I have contacted my campus DSO to request additional guidance about the process of changing my status.

- Copy of passport biographical page (required)
- Financial documentation which supports the information in Section IV: Financial Information
 - Other financial documentation as required (i.e. bank statements, promissory notes, etc.)

STUDENT SIGNATURE: _____
(Must be handwritten signature)

DATE: _____

Please send my I-20:

- my current mailing address**
- other address:** _____

