UK UNIVERSITY OF KENTUCKY
Office of International Affairs

*215 Bradley Hall*
*Lexington, KY 40506-0058*
*Phone: 859.257.4067 ext. 241*
*www.uky.edu/IntlAffairs*

# Request I-20 for International Student(s)
## For Department Admission Officers

This form must be completed for F-1 students who are not processed through the Undergraduate or Graduate Admissions offices, but, instead, have been admitted into professional programs at the University of Kentucky. Please type information and submit to William Arnold, F-1 Advisor, 215 Bradley Hall or FAX to 323.1026.

*Please include: a copy of the applicant's biographical page of passport and visa page. If applicant is presently in the US, include a copy of the I-94 Departure Record.*

### UK Departmental Information:

Date: _____

Department: _____ Admissions Officer: _____
E-mail: _____ Phone: _____

**If applicant is presently in F-1 status and is transferring from another U.S. university:**
University: _____ Release Date of SEVIS record: _____

### Prospective Student Information:

Name: _____
(Last) (First) (Middle)
Telephone Number: _____ Email: _____
Date of Birth: _____ Gender: Male: _____ Female: _____
(mm/dd/yyyy)
Country of Birth: _____ Country of Citizenship: _____

Home Country Address: _____
_____
City Province Country (include zip code)
Current U.S. Address: _____
_____
City State zip code
Expiration of passport: _____
(mm/dd/yyyy)
Expiration of current visa: _____
(mm/dd/yyyy)

### Program and Student Funding Information:

Program: _____ Major Field of Study: _____
Begin Date of Program: _____ End Date of Program: _____
(mm/dd/yyyy) (mm/dd/yyyy)
Education Level: _____
(Bachelor's – Master's – Ph.D. – M.D. – Other. If "Other" please explain)

| | | | |
|---|---|---|---|
| Student's Personal Funds | $ _____ | Program Tuition | $_____ |
| Department Assistantship | $ _____ | Cost of Living | $_____ |
| University Fellowship | $ _____ | (Cost of Living as given by the Undergrad/Graduate School) | |
| Athletic Scholarship | $ _____ | | |
| On-campus employment | $ _____ | | |
| Funds from other source | $ _____ | Type: _____ | |

*Revised 08/2007*

## F-2 Dependent Information

Required financial support per year: $6,500 for a spouse and $4,500 per child
Please complete the following (*must be exactly as it appears on the passport*):

Name: _____
(Last) (First) (Middle)
Relationship: _____ Date of Birth: _____
(mm/dd/yyyy)
City and Country of Birth: _____

Name: _____
(Last) (First) (Middle)
Relationship: _____ Date of Birth: _____
(mm/dd/yyyy)
City and Country of Birth: _____

Name: _____
(Last) (First) (Middle)
Relationship: _____ Date of Birth: _____
(mm/dd/yyyy)
City and Country of Birth: _____