# CHANGE OF STATUS: I-20 REQUEST FORM

This form is used to request an I-20 in order to apply for F-1 status. You must already be an admitted UW student currently studying in another visa category. Attach a photocopy of your passport identification page and evidence of financial ability as described on the back of this page.

**Current immigration status:** ______  
When does your current status expire?  

**Country of birth:** __________________________  
**Country of citizenship:** __________________________

**Local U.S. address (No PO boxes):**

- **Street Address:** ____________________________  
- **Unit/Apt #:** ____________________________
- **City:** ____________________________  
- **State:** ____________________________  
- **Zip Code:** ____________________________

**Foreign, non-U.S. address:**

SEVP requires the permanent address to be a foreign, non-U.S. address. If your parents live in the U.S., you must put another family member’s address. Please write the address as it should show on an envelope.

| City: | ____________________________ | State/Province: | ____________________________ |
| Country: | ____________________________ | Postal Code: | ____________________________ |

**How will you obtain F-1 status?**

- [ ] Submit a change of status application to U.S. Citizenship and Immigration Services and remain in the U.S.
- [ ] Travel abroad, apply for F-1 visa, and reenter the U.S.
  
  **Departure date:** __[/]__/______  
  **Anticipated Return Date:** __[/]__/______

**To be completed by Academic Adviser or Graduate Program Coordinator (before submitting to ISS):**

- **Student’s field of study:** ____________________________  
  **Degree level:** ____________________________

- **Student is expected to complete his/her educational objective by:** _________quarter, 20_______

- **Adviser name:** ____________________________  
  **Phone:** ____________________________

- **Signature:** ____________________________  
  **Date:** ____________________________
STATEMENT OF FINANCIAL ABILITY

Which tuition rate do you pay? (circle one):  
Resident  
Nonresident/Out-of-State

Indicate the funding sources used to support you and your dependents (check all that apply):

☐  Personal / Family Funds.  Provide the name and address of the person providing support, and attach documentation of financial ability (such as bank statements):

______________________________________________________________

______________________________________________________________

☐  Department Funding (RA or TA appointment).  Attach a letter from the funding department which includes salary and tuition waiver amounts, as well as the length of the appointment.  
NOTE: Graduate student funding will not cover the expenses of your dependent(s).  Please indicate an additional source of funding beyond your RA/TA appointment.

☐  Government Funding.  Attach a letter which details the source, amount and duration of the funding.

Do you have dependents who will apply for F-2 status?

No — Please continue to the bottom of this page.

Yes — Please submit a photocopy of the passport identification page for each individual and provide the following information. Submit additional pages as necessary.

Name: ____________________________  _______________________

Last  First

Gender (circle one):  Male  Female  Relation (circle one):  Spouse  Child

Birth date: _______ / _____ / _______  City of birth: ____________________________

Month  Day  Year

Country of birth: ________________________________________________________________

Country of permanent residency: ___________________________________________________

Country of citizenship: ___________________________________________________________

ESTIMATED EXPENSES FOR THE 2014-2015 ACADEMIC YEAR

Undergraduate:  9 months: $48,015  12 months: $64,019
Graduate, self-supported:  9 months: $48,138  12 months: $64,183
Graduate, University supported:  9 months: $35,100  12 months: $46,800
Dependent spouse:  9 months: $8,488  12 months: $11,317
Dependent child:  9 months: $5,900  12 months: $7,867

I certify that I will be responsible for the total cost for each year of study at the University of Washington, including expenses associated with my dependents.

____________________________________________          __________________

Student signature          Date (month/day/year)

Please allow one week for processing.