



## Application for Form I-20 (F-1 student visa) and Affidavit of Support Form

To receive a Certificate of Eligibility (Form I-20 for F-1 Student Visa) you must complete and upload this mandatory request form. The Office of Graduate and Professional Admissions will review the information provided in your request along with other required documents. When your review is successful, you will receive an email from the Office of International Affairs with instructions for accessing the IntBuckeye System and downloading your electronically signed I-20. To avoid losing access to your documents, you'll need to download, print, and sign the I-20 within 90 days of receiving the email.

If you find errors in your I-20 documents, or have questions contact The Office of Graduate and Professional Admission at [gpadmissions@osu.edu](mailto:gpadmissions@osu.edu). All revisions will be handled in our office.

To expedite your successful review use our [Admissions Uploader](#) tool to submit the following items:

### 1. This Request for Form I-20 completed in its entirety.

- Complete the Student's Biographical Information. It will be used during the creation of your Form I-20.
- Tell us the type of Form I-20 The Ohio State University should create for you.
- Declare if dependents will come with you to the U.S. and provide their information.
- Estimate approximate expenses for your first year in the U.S.
- Tell us where your financial resources will come from.
  - Note: If you have an award or scholarship from The Ohio State University, you must declare it in the Financial Resources section and upload a copy of your award letter.
- Hand sign and date the student and sponsor certifications. Student and personal sponsor signatures must be handwritten. Dates should reflect the date of signing.

### 2. Proof of support documents. See the [Funding Source and Definitions](#) guideline to learn about acceptable financial documentation.

### 3. Copy of the picture page from you and your dependents valid, passports. *The primary name displayed on your I-20 will be formatted identically to its format in the Machine-Readable Zone (MRZ) of your passport. Please make sure that section is visible in the photo you send.*

Additional passport notes: We cannot review an expired passport. When entering the U.S. from abroad, be sure your passport is valid at least 6 months into the future.

**NOTE:** Do not complete this form if you require a Form DS-2019 (for J-1 status). To confirm your eligibility and begin your DS-2019 application, contact us at [gpadmissions@osu.edu](mailto:gpadmissions@osu.edu) to request a DS-2019 Questionnaire. Information about the differences between F and J study can be found at the [U.S. Department of State](#).



Student's Biographical Information			
Surname(s)		Given Names(s)	
Date of Birth (month/day/year)		The Ohio State University ID #	
Country of Birth		Legal Sex	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> X / Other
City of Birth		For SEVIS reporting please provide a city, town, or village name. Region, district, or province names will not be accepted.	
Country of Citizenship		Your I-20 cannot reflect multiple countries of citizenships; students must only enter the United States using the passport associated with their SEVIS record.	

What type of I-20 you are requesting? (Select one)		
Initial I-20 Form		Select this if you will apply for an F-1 student visa at a U.S. consulate and enter the U.S. with The Ohio State University I-20 Form.
Change of Degree Level		Select this if you are a current undergraduate or visiting student at The Ohio State University who will begin a new graduate or professional program.
Transfer I-20 Form		Select this if you are transferring your current, active SEVIS record from another U.S. school to The Ohio State University. What U.S. school currently holds your active SEVIS record? _____ If you are in OPT status, when will it expire? _____
In-Country Change of Status to F-1 Student  (Requires an application and approval from USCIS)		Select this only if you have determined you are eligible to change your nonimmigrant status to F-1 student while remaining in the United States. Before choosing this option, it is strongly suggested you consult with an attorney to determine your eligibility. You can review guidelines on the <a href="#">Office of International Affairs</a> website or contact them at <a href="mailto:ويا@osu.edu">ويا@osu.edu</a> for more information.  <b>What is your current visa status?</b> _____

Are you declaring any dependents?	<input type="radio"/>	No, I am not declaring dependents.
	<input type="radio"/>	Yes, I am declaring dependents and request that The Ohio State University issue dependent I-20 documents. Their biographical information is below.

Dependent Relationship: Spouse	
Family Name	Given Name(s)
Date of Birth (Month/day/year)	City of Birth (Region, district, province not accepted)
Country of Birth	Country of Citizenship
Legal Sex: Female <input type="radio"/> Male <input type="radio"/> X/Other <input type="radio"/>	
Date the marriage celebration took place (Month/day/year)	
Country where the celebration took place	

Dependent Relationship: Child	Legal Sex: Female <input type="radio"/> Male <input type="radio"/> X/Other <input type="radio"/>
Family Name	Given Name(s)
Date of Birth (Month/day/year)	City of Birth (Region, district, province not accepted)
Country of Birth	Country of Citizenship

Dependent Relationship: Child	Legal Sex: Female <input type="radio"/> Male <input type="radio"/> X/Other <input type="radio"/>
Family Name	Given Name(s)
Date of Birth (Month/day/year)	City of Birth (Region, district, province not accepted)
Country of Birth	Country of Citizenship

Dependent Relationship: Child	Legal Sex: Female <input type="radio"/> Male <input type="radio"/> X/Other <input type="radio"/>
Family Name	Given Name(s)
Date of Birth (Month/day/year)	City of Birth (Region, district, province not accepted)
Country of Birth	Country of Citizenship



U.S. immigration law requires all schools to verify whether students requesting visa documents have financial resources immediately available for themselves and their dependents before visa documents are issued.

In addition to federal requirements, The Ohio State University requires students and their sponsors to certify that adequate funding will continue to be available for the entire length of study for themselves and their declared dependents.

Before completing the following sections, use the [International Graduate Student Budget](#) and [International Professional Student Budget](#) to calculate estimated expenses for 9 months (if arriving for in-person courses starting autumn or spring term) OR 12 months (if arriving for in-person courses in summer term). "Estimated expenses" includes tuition, university fees, living expenses, health insurance, books, and supplies. If requesting visa documents for your dependents, calculate their expenses and enter them below along with your own. Note: The Ohio State University I-20 Forms will reflect estimated expenses for a 9-month academic year unless you plan to arrive in the U.S. for in-person summer courses.

Enter estimated expenses for one year based on start of in-person enrollment	Autumn / Spring	or	Summer
For student: (Includes tuition, fees, living expenses and health insurance)	\$		\$
For spouse and/or children: (Includes living expenses and health insurance)	\$		\$
Estimated total =	\$		\$

Tell us who will provide financial resources for your first year in the U.S. Any combination of funds is acceptable, but you must show you have resources equal to the Estimated total as calculated above.

Financial Resources		Amount of support
Personal bank accounts or educational loans in your name		U.S.\$
Parents, relatives, or friends <i>A Personal Sponsor Agreement of Support must be signed by each person named.</i>	Name: _____ Relationship to student: _____ Name: _____ Relationship to student: _____ Name: _____ Relationship to student: _____	U.S.\$ U.S.\$ U.S.\$ U.S.\$
Approved Scholarship, Graduate Associate or Fellowship Awards <i>*A copy of your award letter is required.</i>	Appointing Unit if different from your degree program: _____	U.S.\$ *If unsure, enter an estimated amount
Approved Athletic Scholarships		U.S.\$ *If unsure, enter an estimated amount
Home government or sponsoring agency <i>*A copy of your sponsor letter is required.</i>	Agency Name: _____	U.S.\$ *If unsure, enter an estimated amount
Employer <i>*A copy of your sponsor letter is required.</i>	Employer Name: _____	U.S.\$ *If unsure, enter an estimated amount
	Total amount of support: <i>This amount should be at least the amount shown in estimated expenses total calculated above.</i>	U.S.\$ *If unsure, enter an estimated amount



### Student Required Certification of Financial Ability

By signing this form, I certify that all information is correct, that I am aware of the cost of attending The Ohio State University and that I have sufficient funds in U.S. currency available to me during my first year in the U.S.

I understand that I must be able to support myself and any dependents without resorting to unauthorized work and that I have made financial arrangements to cover all academic and living expenses for each semester that my degree requires.

If I have been awarded an athletic scholarship, or other funding award by OSU, I confirm my understanding that I am responsible for any academic or living expenses not covered by my award for each semester that my degree requires. I also understand that I may be required to submit a personal bank statement should my scholarship not fully cover first year expenses.

I also certify and agree I am ultimately responsible for all expenses that may arise throughout the duration of my stay in the United States.

Student Signature \_\_\_\_\_

*(Handwritten, Ink Signature Required)*

Date \_\_\_\_\_

*(Month/Day/Year)*

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### Personal Sponsor's Agreement of Support

I certify that I have read the information on this Request for I-20 Form, and that I will provide the financial resources stated in this form for the student's first year educational expenses as well as living expenses for them and their dependents (if applicable). I have included proof of financial resources in my name and guarantee funds shown are available for the student's use.

In addition, I will continue to assist the student with an equivalent amount of financial support during each additional semester that their degree requires.

Name of personal sponsor (Please print): \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*(Handwritten, ink signature required)*

*(Month/Day/Year)*