

For your I-20 (F-1) or DS-2019 (J-1) to be processed, you must submit this completed form with *proof of funding, copy of passport ID page or national identification, dependent information and transfer form (if applicable)*. No action will be taken on incomplete forms.

Email submission of documents is preferred. Scanned documents can be emailed to iss@vanderbilt.edu.

International students are not eligible for U.S. federally-funded financial aid. ISSS does not maintain scholarship, grant, or loan information. Tuition, fees, living expenses, and health insurance rates are reviewed annually and typically increase each year.

STUDENT INFORMATION

LAST/FAMILY NAME, capitalized

First/Given Name

Middle Name

Date of Birth: Month (MM), Day (DD), Year (YYYY)

Country of Birth

City of Birth

Gender: Male Female

Marital Status: Single Married

Country of Citizenship

Country of Legal Permanent Residence

Home Country Telephone Number

E-mail Address

Home Country Permanent Address Required →

Is your I-20/DS-2019 mailing address different than your Home Address? Yes No
If yes, please submit on a separate page

Street Name, House or Apartment #

City

State/Province

Country

Postal/Zip Code

DEPENDENT INFORMATION

Will family (spouse/children under 21) enter the U.S. with you? No Yes

If yes, attach the following information per family member:

- LAST NAME, First Name
- Date of Birth (mm/dd/yyyy)
- Birthplace (city and country)
- Country of Permanent Residence
- Relationship to you (husband, wife, son, daughter)
- Copy of marriage certificate, passport ID page or national identification

CURRENT VISA INFORMATION

Are you currently in the United States? No Yes If yes, Current U.S. Visa Type: _____ (F-1, J-1, H-1B, etc.)

Are you currently attending or graduating from another school in the U.S.? No Yes

If yes, complete [SEVIS Transfer Form](#), and enter current school name here: _____

Transfer students must pick up their I-20 or DS-2019 at the VU ISSS office. Documents will only be mailed to students traveling outside the U.S.

ESTIMATE OF EXPENSES

Expect tuition and fees to increase by about 5% each year

A.	Program (based on one academic year)	Tuition	Check One	
	Undergraduate	_____	<input type="checkbox"/>	
	Graduate School	_____	<input type="checkbox"/>	
	Divinity School	_____	<input type="checkbox"/>	
	Law School	_____	<input type="checkbox"/>	
	School of Medicine (M.D.)	_____	<input type="checkbox"/>	
	Hearing & Speech	_____	<input type="checkbox"/>	
	MSCI, MPH	_____	<input type="checkbox"/>	
	Master of Laboratory Investigation	_____	<input type="checkbox"/>	
	Medical Physics	_____	<input type="checkbox"/>	
	School of Nursing	_____	<input type="checkbox"/>	
	OWEN Graduate School of Management	_____	<input type="checkbox"/>	
	Peabody College	_____	<input type="checkbox"/>	

				Total Tuition
B.	Required Fees (Activity and Transcript)		Check One	
	Undergraduate students (includes 1 st year experience fee)	_____	<input type="checkbox"/>	
	Graduate/professional students	_____	<input type="checkbox"/>	

				Total Activity Fees
C.	Academic Program Fees (if applicable)		Check All That Apply	
	Undergraduate Engineering students	_____	<input type="checkbox"/>	
	PAVE Program	_____	<input type="checkbox"/>	
	OWEN Fees (Laptop, USBCC/English Camp, Orientation)	_____	<input type="checkbox"/>	
	Nursing Students (Malpractice, Lab, and Other fees)	_____	<input type="checkbox"/>	
	School of Medicine - MD (Liability/Disability, Other fees, laptop)	_____	<input type="checkbox"/>	
	All Medicine Programs (Medical/Dental not covered by Ins.)	_____	<input type="checkbox"/>	

				Total Academic Fees
D.	Student Living Expenses	9-month*	12-month	
	(*9-month Expenses for Undergraduate, LLM, & MS Finance Students ONLY)	_____	_____	

				Total Living Expenses
E.	Dependent Living Expenses	12-month		

	Spouse	_____		
	Child	_____	X	
				# children

				Total Dependent Living Exp.
	Dependent Health Insurance			
	Spouse	_____		
	Child	_____	X	
				# children

				Total Dependent Health Ins.
F.	Health Insurance, Student Only (required)			
	(Student & Dependent Health Insurance is <u>required</u> ; Amounts based on current health insurance rates; annual increases expected)			

				Total Student Insurance
G.	Books and Supplies (required)			

				Total Books and Supplies
H.	TOTAL EXPENSES (Note: Total Expenses should be equal to, or less than, Total Support)			\$ _____
				(sum of items A-G)

SOURCE OF SUPPORT

Vanderbilt University	\$	_____
Personal or Family Funds*	\$	_____
Home Government*	\$	_____
Other (please describe)*	\$	_____
TOTAL SUPPORT	\$	_____

***If university assistance does not cover all expenses**, provide additional proof of funding in the form of a current bank statement that:

1. Indicates the amount of money available (current balance)
2. Is signed and dated by bank official within the past 3 months
3. If the account is not in your name, the account holder must write a letter of permission for use of funds to support your study in the U.S.

I certify all information provided is accurate. Student Signature: _____ Date: _____
 (Or Legal Guardian if under age 18)