I-20 REQUEST FORM

Please read carefully, complete as appropriate, and return by June 1. When we receive this form, we will be able to issue the I-20 certificate of eligibility which will enable you to obtain a visa.

PERSONAL DATA (Please Print)

<table>
<thead>
<tr>
<th>Name:</th>
<th>F</th>
<th>M</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth (Month Day Year)</th>
<th>Gender</th>
</tr>
</thead>
</table>

Email: ____________________________

Country of Citizenship: ____________________________ City and Country of Birth: ____________________________

Do you currently hold a U.S. Visa? ____________________________ Type? ____________________________

Please provide a copy of current Visa stamp if answer is “yes”.

Are you transferring from a U.S. High School? ____________________________

Please indicate name and location of school if answer is “yes”.

Since Vassar is not need-blind in the admission of non-U.S. citizens, international students admitted without financial aid are not eligible to receive Vassar funding during their years at the college, except under the most extreme circumstances (i.e., death of a wage-earning parent, natural disaster, etc.).

SOURCES OF FUNDS

<table>
<thead>
<tr>
<th>Assured Support</th>
<th>Projected Support (Include approximately 5% cost increase per year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Year</td>
</tr>
<tr>
<td>Self-Support</td>
<td></td>
</tr>
</tbody>
</table>

Name of Bank

A bank official’s signature is required on the certification below.

Parents or Individual Sponsors

Name

Name of Bank

Parents’ and or sponsors’ signature and a bank official’s signature are required on the certification below.

Your Government or Sponsoring Agency

Name

Enclose with this form a signed copy of your letter of award.

University | Job | Loan

This information may be obtained from your financial aid letter.

Other (specify)

Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.

Each of these totals should equal the institution’s estimate of expenses for one year.

TOTAL
Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available.

Signature of Bank Official ____________________________________  Signature of Guarantor _____________________________
Parent or Sponsor

Name and Title ______________________
Name and Relationship to Student ________________________________

Name of Bank  ___________________________________  Address _________________________________________

Address of Bank ____________________________________________  Date ___________________________________________

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

I certify that the information provided here is correct and complete.

__________________________________________________________  __________________________
Signature of Student Date

Address to which I-20 should be mailed. Please be sure to include postal code:

City ..................................................................................................................

Postal Code: _____________________________ Country: ______________________________

Return by June 1 to:

Andrew Meade, Ph.D.
Director of International Services
Assistant Dean for Campus Life
Vassar College  Box 594
Poughkeepsie, NY 12604  USA

Phone: 1-845-437-5831
Fax: 1-845-437-7298
Email: anmeade@vassar.edu