



International Reformed University & Seminary

125 S. Vermont Ave. L.A., CA 90004

Tel (213)381-0081, Fax (213)381-0010

www.irus.edu office@irus.edu

Application for the Form I-20

SECTION 1: PERSONAL INFORMATION (USE NAME AS IT APPEARS ON YOUR PASSPORT)

LAST NAME OR FAMILY NAME	FIRST OR GIVEN NAME	MIDDLE NAME
STREET ADDRESS (FOR MAILING)	CITY	STATE OR PROVINCE
COUNTRY	MAIL OR ZIP CODE	TELEPHONE
COUNTRY OF BIRTH	DATE OF BIRTH (MONTH/DAY/YEAR)	AGE
		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS	COUNTRY OF CITIZENSHIP	

SECTION 2: DEPENDENT INFORMATION (IF THIS APPLIES TO YOU)

Complete this section if you have a spouse or children who will **accompany** you for the duration of your studies in the U.S. List each person's legal name as it appears on the passport. If you have no dependents, proceed to next section. **Children born in the United States** are US citizens. As such, they are ineligible for F-2 (dependent) status.

Full Name (As it appears on passport)	Date of Birth (mm/dd/yyyy)	Country of Birth and Country of Citizenship	Gender (M/F)
Spouse:			
Children 1:			
Children 2:			
Children 3:			
Children 4:			

SECTION 3: PROGRAM INFORMATION

Intended Start Term: ☐ Fall/Year: _____ ☐ Spring/Year: _____

Program: ☐ BA in Christian Studies ☐ MA in Christian Studies ☐ MA in Counseling ☐ MDiv ☐ DMin

SECTION 4: SUPPORTING DOCUMENTS and FEE

1. Copy of bank statement or other financial support documents. If you will have a financial sponsor (parent, relative, and/or private) then they must fill out and sign the Sponsor Letter (Affidavit of Support). This template can be found in the I-20 application packet.
2. \$300 (Non-refundable)
3. Copy of passport information page
4. Copy of spouse's passport (if married and requesting F2 status)
5. Copy of children's passport (if requesting F2 for children under 21)
6. Copy of current I-20 and both sides of your I-94 (if currently attending an institution in the U.S.)

SECTION 5: INFORMATION

Pay the SEVIS I-901 fee (this is different from the visa application processing fee). This fee must be paid at least seven (7) days BEFORE your visa interview. Fill out the SEVIS I-901 form and pay the fee at <https://www.fmjfee.com/i901fee/index.html>.

I certify that the information on this Form I-20 application is true and complete.

SIGNATURE OF APPLICANT

DATE

Office Use only: The issued I-20 has been picked up (or mailed out) by _____ on _____
INITIALS DATE



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I-20 Extension Request Form

SECTION 1: PERSONAL INFORMATION (USE NAME AS IT APPEARS ON YOUR PASSPORT)

LAST NAME OR FAMILY NAME	FIRST OR GIVEN NAME	MIDDLE NAME
<hr/>		
STREET ADDRESS (FOR MAILING)	CITY	STATE and Zip Code
<hr/>		
TELEPHONE	EMAIL ADDRESS	
<hr/>		

SECTION 2: CURRENT I-20 INFORMATION

SEVIS ID #: _____ Current Expiration Date on I-20: _____

Program: ☐ BA in Christian Studies ☐ MA in Christian Studies ☐ MA in Counseling ☐ MDiv ☐ DMin

SECTION 3: APPLICATION CHECKLIST

1. Complete F1 I-20 Extension Request Form (all items must be filled in, form must be signed by student and academic dean)
2. Copy of bank statement or other financial support documents. If you will have a financial sponsor (parent, relative, and/or private) then they must fill out and sign the Sponsor Letter (Affidavit of Support) – funding amount must cover tuition and living expenses for the requested extension period.

I certify that the information on the I-20 Extension Request Form is true and complete.

SIGNATURE OF APPLICANT	DATE
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TO BE COMPLETED BY ACADEMIC DEPARTMENT

The above student's new expected degree completion date will be: _____
MM DD YYYY

The above-named student needs additional time to complete their degree requirements due to the following reason:

- ☐ Change of Major ☐ Medical condition ☐ Needs more time to complete project/dissertation
☐ Needs more time to complete program requirement
☐ Other (please explain): _____

Is the student making normal progress toward his/her educational objectives? ☐ Yes ☐ No

Academic Dean	SIGNATURE	DATE
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Office Use only

Approved & Issued	Initials: _____	Date _____
Denied	Reason: _____	
I-20 Picked Up (or Mailed Out)	Initials: _____	Date _____



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Request for New I-20

SECTION 1: PERSONAL INFORMATION (USE NAME AS IT APPEARS ON YOUR PASSPORT)

LAST NAME OR FAMILY NAME	FIRST OR GIVEN NAME	MIDDLE NAME
STREET ADDRESS (FOR MAILING)		CITY
		STATE OR PROVINCE
COUNTRY	MAIL OR ZIP CODE	TELEPHONE
COUNTRY OF BIRTH	DATE OF BIRTH (MONTH/DAY/YEAR)	AGE
EMAIL ADDRESS		COUNTRY OF CITIZENSHIP

SECTION 2: DEPENDENT INFORMATION (IF THIS APPLIES TO YOU)

Complete this section if you have a spouse or children who will **accompany** you for the duration of your studies in the U.S. List each person's legal name as it appears on the passport. If you have no dependents, proceed to next section. **Children born in the United States** are US citizens. As such, they are ineligible for F-2 (dependent) status.

Full Name (As it appears on passport)	Date of Birth (mm/dd/yyyy)	Country of Birth and Country of Citizenship	Gender (M/F)
Spouse:			
Children 1:			
Children 2:			

SECTION 3: PROGRAM INFORMATION

Program: ☐ BA in Christian Studies ☐ MA in Christian Studies ☐ MA in Counseling ☐ MDiv ☐ DMin

SECTION 4: REASON FOR NEW I-20: (PLEASE SELECT REASON(S) FOR NEW FORM I-20)

- ☐ Lost Original ☐ Damaged Original ☐ New Major: _____
- ☐ Change of Education Level / New Degree (must submit new proof of funding and confirmation to new degree program)
- ☐ Other (please explain): _____

SECTION 4: SUPPORTING DOCUMENTS and FEE

1. Complete New I-20 Request Form (all items must be filled in, form must be signed by student)
2. Copy of bank statement or other financial support documents. If you will have a financial sponsor (parent, relative, and/or private) then they must fill out and sign the Sponsor Letter (Affidavit of Support). This template can be found in the I-20 application packet.
3. \$50 (Non-refundable)

I certify that the information on the New I-20 Request Form is true and complete.

SIGNATURE OF Student

DATE

Office Use only

Approved & Issued	Initials: _____	Date _____
Denied	Reason: _____	
I-20 Picked Up (or Mailed Out)	Initials: _____	Date _____


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AFFIDAVIT OF FINANCIAL SUPPORT

재정보증서 (IRUS)

Personal Information:

학생 Student	이름 Name	(한)	(영)
보증인 Sponsor	이름 Name	(한)	(영)
	직업 Occupation		
	주소 Address		
	연락처 Phone		
	관계 Relationship	학생의 ()	

Declaration of Student:

I have read the estimated budget for undergraduate/graduate international students. I understand that my admission to International Reformed University & Seminary is contingent upon my ability to pay all my expenses during my attendance. I understand that U.S. Immigration requires that I show proof to International Reformed University & Seminary of my financial ability to pay these expenses. I also understand that I am required by law to show proof of finances to cover my first year of study. I understand also that if I cannot meet my financial obligations, or if it becomes evident that I have given false information in this Affidavit of Financial Support, I may be withdrawn from the school.

학생 서명(Signature of Student)_____ 날짜(Date)_____

Declaration of Sponsor:

I have read the estimated budget for international students. I agree to financially support the above-named student as follows.

보증기간 Supporting Years in Total	총 _____ 년
매년 후원 보증 금액 Supporting Amount per Year	US \$ _____

보증인 서명(Signature of Sponsor)_____ 날짜(Date)_____