



## I-20 Application Checklist

### 1 Complete ApplyTexas online:

- [www.applytexas.org](http://www.applytexas.org)

### 2 Complete I-20 Application Form

**Complete, sign and mail to:**

[San Antonio College](#)  
International Student Services- Box 709  
1819 Main Ave.  
San Antonio, Texas 78212-3941

**For additional information visit our website:**

<https://www.alamo.edu/sac/>

**Select:** Menu, **Select:** Admissions & Aid, **Select:** How to Apply, **Select:** International Students or contact us by email at: [sac-iso@alamo.edu](mailto:sac-iso@alamo.edu)

### 3 Proof of Financial Resources

Applicants must provide financial documentation in English that verifies the ability to cover the cost for each year of attendance.

- Submit official bank letter stating the amount of funds available in the account (**checking or savings only**)
- Bank letter must be dated within 6 months of application.
- **Bank statements are not accepted.**
- Affidavit of support may be required by U.S. Embassy.

#### **Estimated cost per year:**

- Student: **\$25,000** (includes tuition, fees, books, housing and living expenses)
- Spouse and/or children: \$5,000 (per dependent)

### 4 Official Academic Record

- Submit original documents from high school and/or all colleges/universities attended
- All foreign documents must be translated and evaluated by a member of the National Associate of Credential Evaluation Services (NACES) organization. **Only evaluations from NACES members will be accepted.**
- For the list of NACES members, go to: [www.naces.org](http://www.naces.org)

### 5 Passport

Submit copy of passport

### 6 English Proficiency

All applicants will be given the Michigan exam to determine English proficiency.

### 7 Photo

Attach a photograph to your I-20 Application

### 8 Statement of Understanding

Carefully read and sign the Statement of Understanding included in the application

### 9 \$100.00 Application Fee (**non-refundable**)

To pay fee online, go to:

[https://secure.touchnet.com/C20015\\_ustores/web/classic/index.jsp](https://secure.touchnet.com/C20015_ustores/web/classic/index.jsp)

**Select:** Alamo Colleges District International Services

**Select:** International Application Fee

**Select:** Add to Cart

**Print receipt:** and submit with I-20 application

### 10 Bacterial Meningitis Vaccination

Applicants under the age of 22 of age must provide proof of having received the Bacterial Meningitis vaccination before you will be permitted to register for classes.

You may receive the vaccination in your home country or once you arrive in the U.S.

**The documentation must be submitted 3 weeks prior to the first day of class.**

### 11 Students transferring from U.S colleges

Students transferring from a U.S. college/university must also submit:

- Current and previous I-20
- Form I-94 – [www.cbp.gov/i94](http://www.cbp.gov/i94)
- Copy of F-1 Visa



Attach  
Photograph  
Here

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
MM DD YYYY

Passport Number: \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Address in Home Country**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country/Territory: \_\_\_\_\_

**Address in the United States**

Street Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Admission Information**

I am Applying for: Fall (August) \_\_\_\_\_ Spring (January) \_\_\_\_\_  
Year Year

- I am applying as:
- New (from home country)
  - Transfer (currently enrolled at U.S. college/university)
  - U.S. high school graduate
  - Change of Status (from another visa category)

Program of Study/Major at SAC: \_\_\_\_\_ Name of current college: \_\_\_\_\_  
(U.S. College Transfer Students only)

**English Language Proficiency**

- APPLYING **ONLY** FOR ESL (ENGLISH AS A SECOND LANGUAGE) PROGRAM
- APPLYING FOR ESL (ENGLISH AS A SECOND LANGUAGE) AND AN ASSOCIATE DEGREE

What degree will you pursue once you complete ESL? \_\_\_\_\_

**NOTE:** Transfer students from a U.S. college or university who have completed academic courses may be exempt from the Michigan English language exam.

## Visa Information

Are you currently in the United States?  Yes  No If yes, what type visa do you have? \_\_\_\_\_

Will you return to your home country to apply for the F-1 visa? Yes  No

### Delivery of I-20:

Mail to address in home country  I will pick-up in person  my representative will pick up Form I-20  Mail I-20 to my representative

I \_\_\_\_\_ authorize the representative named below to receive or collect my Form I-20.  
(Applicant name)

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

## Representative Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country/Territory: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## Emergency Contact Information

*(Name of a family member in your home country)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country/Territory: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify the information on this application is true and correct. I understand any false or misleading information could result in the cancellation of my San Antonio College I-20 application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**NOTE:** Receipt of the Form I-20 does not guarantee you will be issued the F-1 visa

# Dependent Form

This form is used to identify family members who will apply for the F-2 dependent visa. A form I-20 will be issued to eligible dependents (spouse and/or minor child). If there are more than 3 dependents, please print additional copies of this page.

## DEPENDENT - 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
MM DD YYYY

Passport Number: \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Relationship to Student: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

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## DEPENDENT - 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
MM DD YYYY

Passport Number: \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Relationship to Student: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

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## DEPENDENT - 3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
MM DD YYYY

Passport Number: \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Relationship to Student: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_



# Sponsor Affidavit of Financial Support

If the sponsor is a U.S. citizen or permanent resident this form must be notarized

I \_\_\_\_\_ residing at  
Sponsor's name

Street address city state country postal code

I Certify:

That I am \_\_\_\_\_ years of age and  do not live the U.S.  have lived in the U.S. since (date) \_\_\_\_\_

This affidavit is being completed on behalf of the individual listed below:

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Relationship to sponsor

Additional dependents: Spouse and/or children \_\_\_\_\_

Select option below that best describes your level of sponsorship

I will make available to the applicant listed above the full sum of \$25,000 and an additional \$5,000 for each dependent for duration of the program of study at San Antonio College. The funds are readily available and in addition to any travel funds needed to travel to and from the applicant's home country.

I certify that I will make available a partial monetary contribution to the above mentioned applicant and/or his/her dependents in the amount of \$ \_\_\_\_\_ for the duration of the applicant's program of study.

I understand that I am solely responsible for the financial support of the applicant and will be held accountable by San Antonio College for maintaining the terms of this statement.

I affirm the contents of this Affidavit signed by me and the attached documentation are true and correct.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

If Sponsor is U.S. citizen or permanent resident this Affidavit must be notarized.

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_ in, \_\_\_\_\_, County.

\_\_\_\_\_  
Notary Public



## International Student Statement of Understanding

1. I will have sufficient funds for tuition, fees, and living expenses each year I attend San Antonio College. I understand the cost of living may be high and international students are not allowed to work and financial aid for international students is generally not available.
2. I understand meeting the international student admission requirements does not guarantee admission to all programs offered by San Antonio College. I further understand programs offered in specialty areas such as Health Sciences or Nursing, have separate application and admission requirements.
3. I understand if my college placement exam scores in Reading, English, and Math are not at college level, I must enroll in developmental courses.
4. By U.S. immigration law, I must enroll full-time (12 semester hours or more) every fall and spring semester; otherwise, I will be in violation of my F-1 status.
5. I understand tuition must be paid in full by the tuition payment deadline or my courses will be dropped for non-payment.
6. I understand upon request, San Antonio College must release information required by the United States Citizenship and Immigration Service (USCIS) to determine my compliance with U.S. immigration laws. I further understand San Antonio College must report in the Student and Exchange Visitor Information System (SEVIS) those students who are not registered for classes or who are not pursuing a full-time course of study.
7. I certify that San Antonio College is not liable, legally or otherwise, under any circumstance for any expenses or difficulties (financial, health related or legal) I may incur while in the United States.
8. I understand students who were placed on academic dismissal or academic suspension at their previous institution and are seeking transfer to San Antonio College must follow the academic dismissal policy outlined in the Alamo Colleges District catalog.
9. I understand I must have written permission from the International Student Office at San Antonio College to enroll in courses at another college/university including the colleges within the Alamo Community Colleges District.
10. I understand only one internet course is allowed per fall and spring semester.
11. I understand instructors will drop students for non-attendance. I also understand the consequences for falling below the USCIS full-time enrollment requirement will result in the termination of my SEVIS record.
12. I understand as an international student I am required to have adequate health insurance while in the U.S. and I must provide verification of health insurance every semester I am enrolled.

I certify that I have read and understand the information on this form and all documents I have submitted to support my application are true and correct. I further understand false information could result in my dismissal from San Antonio College in accordance with the college's rules and regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date