# Certificate of Eligibility (Form I-20) Application Instructions

Fuller Theological Seminary | International Services Office

#### Certificate of Eligibility Application:

# Please read these instructions carefully before beginning the I-20 Application. Incorrect or incomplete information may lead to processing delays and/or the denial of a student visa.

- ❖ A Certificate of Eligibility is only issued to students who have been accepted to Fuller Theological Seminary as a student in a degree or eligible certificate program
- ❖ Completion of this form does not guarantee Certificate of Eligibility issuance
- ❖ The International Services Office (ISO) cannot process your request until you have submitted financial documents demonstrating your ability to finance your studies
- ❖ Complete the Certificate of Eligibility Application and submit via mail, fax or e-mail to ISO
- ❖ Submit the Certificate of Eligibility Application 3 months prior to your program start date

#### Instructions for Completing the Certificate of Eligibility Application:

- ❖ Section 1: Fill out information exactly as it appears on your passport
- ❖ Section 2: Fill your permanent address (your address in your home country)
- Section 3: Please read these instructions regarding shipping method and sign up with UEMS
- ❖ Section 4: Fill out information exactly as it appears on your dependents' passport
- ❖ Section 5: Click "Calculate Amounts" after selecting a degree program and start quarter
- Section 6: U.S. regulations require all international students to demonstrate that they have sufficient funds for their program of study (includes tuition, school fees, living expenses for students and their dependents). For the purpose of issuing a Certificate of Eligibility, F-1 students must verify funds for one year of studies and access to sufficient funds to cover subsequent years.
  - If you are supporting yourself, provide a bank statement written or translated into
     English verifying that you have the stated funds
  - o If you are receiving a scholarship, government grant, government loan, or a private bank loan, submit your award letter in lieu of the DFS and bank statement
  - If you will be supported by someone other than yourself, each person or organization providing financial support must complete a Confidential Declaration of Financial Support (DFS)
  - Each DFS must be accompanied by financial documents written or translated into English verifying sufficient funds to fulfill stated financial commitment
    - Acceptable financial documents:
      - Bank statement (written or translated into English with USD equivalent)
      - Letter from a bank on official letterhead signed by an authorized bank official (written or translated into English with USD equivalent)
    - **Unacceptable** financial documents:
      - Tax statements
      - Proof of property ownership
      - Retirement account
      - Stocks
      - Insurance policies
  - o Totals for Sections 6 should match or exceed total in Section 5
- Sign and date at the bottom

# Certificate of Eligibility (Form I-20) Application Checklist

Fuller Theological Seminary | International Services Office

|                                                                                                | Complete I-20 application form                                                                         |  |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
|                                                                                                | Copy of passport biographic page (applicant and all accompanying dependents)                           |  |
|                                                                                                | Financial document(s)                                                                                  |  |
|                                                                                                | Confidential Declaration of Financial Support (if applicable)                                          |  |
|                                                                                                |                                                                                                        |  |
| Fuller<br>Interr<br>135 N                                                                      | documents via postal mail or email to:  r Theological Seminary national Services Office N. Oakland Ave |  |
| U.S.A                                                                                          | lena, CA 91182<br>A<br>: <u>iso@fuller.edu</u>                                                         |  |
| MAC                                                                                            | GL- Colorado ONLY seminar students send via postal mail or email to:                                   |  |
| Fuller Theological Seminary MAGL Academic Services Administrator 5801 N. Union Blyd. Suite 331 |                                                                                                        |  |

Colorado Springs, CO 80918

email: magl@fuller.edu

U.S.A.

# Certificate of Eligibility (Form I-20) Application

### Fuller Theological Seminary | International Services Office

| (As it appears on your passport)                                                                                                            |                                |                    |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|---------------------|
| Surname/Primary Name (Family/Last Name)                                                                                                     | Given Name (First Na           | ime)               | Student Number (G   |
|                                                                                                                                             | Given ivalie (i list iva       | inic)              | Student Ivanioer (G |
| Male Female                                                                                                                                 |                                |                    |                     |
| Gender                                                                                                                                      | Date of Birth (MM/DD/YYYY)     | City of Birth      |                     |
| Country of Birth                                                                                                                            | Country of Citizenship         | Country of Permane | nt Residence        |
| 2 Dormanant Faraign Addrags:                                                                                                                |                                |                    |                     |
| 2. Fermanent Foreign Address.                                                                                                               |                                |                    |                     |
|                                                                                                                                             | ve in your home country)       |                    |                     |
| (This must be the address where you liv                                                                                                     |                                |                    |                     |
| (This must be the address where you live) Number and Street Address (CANNOT be a Post                                                       |                                | Postal Code        | Country             |
| 2. Permanent Foreign Address:  (This must be the address where you line)  Number and Street Address (CANNOT be a Post of City  Phone Number | Office Box)                    | Postal Code        | Country             |
| (This must be the address where you live)  Number and Street Address (CANNOT be a Post of City                                              | Office Box)  Province or State | Postal Code        | Country             |

Fuller utilizes <u>University Express Mail Service</u> (UEMS), a third-party shipping service that allows international students to pay for the shipping of their Form I-20 directly. Once your Form I-20 is processed, please <u>click here</u> to register and make your shipping payment. Upon receipt of your payment notification, we will print the shipping label and your Form I-20 will be mailed to you. To learn more about the UEMS service, <u>click here</u>.

### 4. Family Members Accompanying F-1 Visa Student:

| Last Name | First Name | Date of Birth (MM/DD/YYYY) | Country of Birth | Country of Citizenship |        | nship to the plicant |
|-----------|------------|----------------------------|------------------|------------------------|--------|----------------------|
|           |            |                            |                  |                        | Spouse |                      |
|           |            |                            |                  |                        | Son    | Daughter             |
|           |            |                            |                  |                        | Son    | Daughter             |
|           |            |                            |                  |                        | Son    | Daughter             |
|           |            |                            |                  |                        | Son    | Daughter             |

(continued on next page)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ese costs are estimated. Actual amounts<br>EASE NOTE: the amount below is an e                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | you have funds in                                                | the following section.                              |
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| Naı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne of Degree/ Certificate Program                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                  |                                                     |
| Wh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ich quarter do you plan to begin studies in Pa                                                                                                                                                                                                                                         | sadena?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Dates of D                                                                                         | OMin, DMiss or MAG                                               | L intensive courses:                                |
| Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ster's-level applicants only: Desired course for                                                                                                                                                                                                                                       | ormat ( <u>click here</u> for details):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | On-campus Intensive/s                                                                              | Hybrid or Hybrid -                                               | +                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Please note: in order to remain "in sta<br>be classroom (on-campus) classes. Ple                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                  |                                                     |
| Ple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ase refer to the <u>Annual Estimated Cost Shee</u>                                                                                                                                                                                                                                     | et for the following amounts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                  |                                                     |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Annual tuition:                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | US\$                                                                                               |                                                                  |                                                     |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Annual living cost for self:                                                                                                                                                                                                                                                           | ••••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | US\$                                                                                               |                                                                  |                                                     |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Annual living cost for spouse (if applicable                                                                                                                                                                                                                                           | le):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | US\$                                                                                               |                                                                  |                                                     |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Annual living cost for child(ren) (if applied                                                                                                                                                                                                                                          | cable):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | US\$                                                                                               |                                                                  |                                                     |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TOTAL ANNUAL AMOUNT NEEDED                                                                                                                                                                                                                                                             | (add lines 1 - 4):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | US\$                                                                                               |                                                                  |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                  |                                                     |
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| Thir tuit stu. Ar fun 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s portion and the accompanying Confiderion and living expenses. F-1 students mudent will NOT be issued unless this form event bank letter or bank statement (less that MUST be equal to or exceed total estimated statement).  Name of Bank Other sponsors (Attach additional pages if | ast verify funds for one year of is completed and the necession as 3 months old) indicating at ated cost. If you are financing at k or Financial Institution necessary.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | f study. A Certificate of sary certifications are vailable funds MUST ac your studies yourself, so | of Eligibility (Form obtained.  ccompany all DFS form of your be | I-20) for an F-1 rms. Total support ank statement.  |
| Thirtuin sturing Arr fund 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s portion and the accompanying Confiderion and living expenses. F-1 students mudent will NOT be issued unless this form event bank letter or bank statement (less that MUST be equal to or exceed total estimated statement).  Name of Bank Other sponsors (Attach additional pages if | ast verify funds for one year of is completed and the necession as 3 months old) indicating at ated cost. If you are financing at k or Financial Institution necessary.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | f study. A Certificate of sary certifications are vailable funds MUST acyour studies yourself, so  | of Eligibility (Form obtained.  ccompany all DFS form of your be | I-20) for an F-1 rms. Total support ank statement.  |

Disclaimer: Issuance of a Certificate of Eligibility is contingent upon acceptance into an eligible degree program. This form is not required for admissions and completion does not guarantee issuance of a Certificate of Eligibility. Please note that the International Services Office cannot process your request until you have received a letter of acceptance and have submitted financial documents demonstrating your ability to finance your studies.

Though we do not verify your funds for subsequent years, you are expected to secure funds for the full duration of your studies.

By typing or signing my name and dating below, I certify that the above information including the information regarding the arrangements for financing my studies at Fuller Theological Seminary are true and accurate to the best of my knowledge.

Signature Date

**TOTAL SUPPORT (add lines 6 - 9)** 

## **Annual Estimated Cost Sheet**

#### Fuller Theological Seminary | International Services Office

#### **SUMMER 2019 – SPRING 2020**

Use the amounts below to complete the ESTIMATED MINIMUM COSTS section of the *I-20 Application*. Please note that this information is valid until the Spring 2019 quarter and is subject to change at any time. If applying for the 2020-2021 academic year (Summer 2020 – Spring 2021), please contact the <u>International Services Office</u> after March 1, 2020 for updated amounts.

#### 1 Annual Tuition

#### School of Theology (SOT)

|                       | Annual Tuition |
|-----------------------|----------------|
| MA (all MA programs)  | US\$15,300     |
| MDiv                  | US\$15,300     |
| ThM                   | US\$19,560     |
| PhD                   | US\$14,040     |
| DMin (8-unit course)  | US\$3,400      |
| DMin (12-unit course) | US\$5,100      |
| KDMIN                 | US\$10,200     |
| Certificate           | US\$10,200     |

#### **School of Intercultural Studies (SIS)**

|                                 | Annual Tuition |
|---------------------------------|----------------|
| MAICS                           | US\$15,300     |
| ThM (English)                   | US\$16,020     |
| ThM (Korean)                    | US\$19,620     |
| PhD                             | US\$16,380     |
| DMiss                           | US\$6,540      |
| KDMiss                          | US\$8,720      |
| KDMinGM                         | US\$10,200     |
| MAGL (4-unit on-campus seminar) | US\$1,700      |
| Certificate                     | US\$10,200     |

#### School of Psychology (SOP)

|       | Annual Tuition |
|-------|----------------|
| MSMFT | US\$26,940     |
| PsyD  | US\$36,780     |
| PhD   | US\$36,780     |

#### 2 Annual living cost for self

| MAGL / DMin / DMiss          | US\$1,000  |
|------------------------------|------------|
| KDMin / KDMinGM (4 quarters) |            |
| Certificate programs         | US\$17,200 |
| All other programs           |            |

#### 3 Annual living cost for spouse

| MAGL / DMin / DMiss  | US\$250   |
|----------------------|-----------|
| Certificate programs | US\$3,000 |
| All other programs   | US\$6,000 |

#### 4 Annual living cost for children

| MAGL / DMin / DMiss  | US\$160 for each child   |
|----------------------|--------------------------|
| Certificate programs | US\$2,000 for each child |
| All other programs   | US\$4 000 for each child |

# Confidential Declaration of Financial Support

### Fuller Theological Seminary | International Services Office

| {10 be completed by sponsor}                            |                                                       |
|---------------------------------------------------------|-------------------------------------------------------|
| 1. Declaration of Support                               |                                                       |
| I certify that I will supportStudent's Name             |                                                       |
| Seminary. The Total Annual Support will be \$US         | Total annual support                                  |
| // until/_/<br>(MM/DD/YYYY)                             | Total annual capper                                   |
| Please enclose a bank statement w                       | ritten in English with USD equivalent                 |
| as evidence of your ability to                          | serve as this student's supporter.                    |
|                                                         |                                                       |
| 2. Sponsor Information                                  |                                                       |
|                                                         |                                                       |
| Organization Name/ Last Name (Family/Surname)           | First Name (Given Name)                               |
|                                                         |                                                       |
| Email Address                                           | Relationship to Student                               |
|                                                         |                                                       |
| 3. Sponsor Mailing Address                              |                                                       |
|                                                         |                                                       |
| Number and Street Address (CANNOT be a Post Office Box) |                                                       |
|                                                         |                                                       |
| Address (Line 2)                                        |                                                       |
| City Province or State                                  | Postal Code                                           |
| 1101.1100 0.7 5 1.110                                   | 1 00ta. Coac                                          |
| Country                                                 |                                                       |
|                                                         |                                                       |
| By signing my name below, I certify that the infor      | mation provided on this form is correct and complete. |
|                                                         | 1                                                     |
|                                                         |                                                       |
| Sponsor Signature                                       | Date                                                  |
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