international@rwu.edu.

International Student and Scholar Services 1 Old Ferry Road, Bristol, RI 02809 international@rwu.edu • +1(401) 254-3400

## Roger Williams School of Law I-20 Request Form

**Form I-20:** The Certificate of Eligibility for Nonimmigrant Student Status (Form I-20) is necessary for every F-1 visa-status student entering the United States pursuing a full course of study at Roger Williams University. This document is issued by a Designated School Official (DSO) at RWU, and processed through the Department of Homeland Security's online portal, the Student and Exchange Visitor Information System (SEVIS).

Receiving your I-20 form is the first step to obtaining a visa to study in the United States. The I-20 form is one document that you must present at a U.S. Consulate abroad, and you must also present it when you enter the U.S. Please complete all sections below in order for the DSO at RWU to submit accurate data to SEVIS.

Additionally, please present this Request Form with the attached Declaration of Finances when you apply for your visa and when you proceed through Customs upon entering the United States.

You must also submit a clear scan of your passport information page to the Admissions office. The information listed on this form must match the information in your passport exactly.

I-20 Request: Required Information		
Family Name (Surname):	First Name:	Middle name (if any):
Preferred name in U.S. style (first name, family name):		Gender: M F
Email address (F-1 student personal email):_	Phone nu	umber (w/ country code):
Date of Birth: (mm/dd/yyyy):	Country of Birth:	City of Birth:
Country of Residence:	Country of Citizenship:_	
Intended Major(s)/Field of Study:		
Please check one of the following:  This is my initial attendance at RWU.		t from llege, university, or language school name)
Address Information		
We also MUST have a NON-U.S.A. address currently reside in another country.	to complete the I-20 form.	It can be a family member if you do not
Street Address #1:		
Street Address #2:		
City and Postal Code:		
Country:  As of October 12, 2021, schools are permit email. RWU will not send a paper copy of y	tted to electronically sign a	

## I-20 Request: Declaration of Finances

Expenses for the 2023-2024 academic year in U.S. dollars (USD) can be found at <a href="https://law.rwu.edu/student-experience/student-finance-and-records/bursar/tuition-and-fees">https://law.rwu.edu/student-experience/student-finance-and-records/bursar/tuition-and-fees</a>.

The estimated expenses for the 2023-2024 academic year in U.S. dollars (USD) are:

	RWU Bristol 2023-24 School of Law
Tuition & Activity Fee	\$44,834
Living Expenses* (Estimated books, supplies, phone, etc.)	\$2,000
Health Insurance** (Estimated)	\$2,666
Room & Board	\$18,616
TOTAL	\$68,116

<sup>\*</sup> This is an indirect estimated cost that must be included for immigration purposes. This section does not represent a direct bill from RWU.

Students who have received prior authorization to live off-campus as a commuter student will be required to present verification of funding to meet additional living expenses ordinarily included under "Room & Board" for on-campus housing.

Scholarship recipients can subtract their merit scholarship amount from the tuition cost to determine the tuition amount payable.

To be completed by the Fina	ncial Sponsor
	, will financially sponsor, will financially sponsor, will financially cover a full rectangler will financially cover a full including direct and indirect costs, each semester the student is attending RWU as
I,	, will be directly responsible for all payments made to the RWU-payments or late payments of student tuition and/or fees resulting in a Bursar Office tion of F-1 visa status.
of attendance at Roger Williams Uni	Il contribute to the above student's first year of study to cover direct and indirect cost versity is \$ I understand that this amount may increase every year /U, and I agree to sponsor this student every semester for the duration of their studies.
Sponsor's Name:	Relationship to Student:ddle Last/Family
Home Address:	
Phone:	Email:
Sponsor's Signature:	Date (mm/dd/vyvy):

<sup>\*\*</sup>Required for all students but can be waived if you have or purchase health insurance equivalent to RWU's plan. This price is an estimate and reflects 2023-24 cost when purchased from RWU.