

2009 INTERNATIONAL STUDENT SUPPLEMENTAL FORM

International Students are required to obtain an F-1 visa in order to study in the United States. Students entering the United States with a B1/B2 visa or a VWP/ WT (visa waiver) will not be allowed to take classes.

STUDENT INFORMATION

UCLA ID # _____

Last Name/Family Name

First Name/Given Name

In which Session(s) will you register? A 6-week A 8-week A 10-week A-C 12-week C 6-week

VISA INFORMATION

Country of Birth

Country of Citizenship

Your Current Location: In the U.S. Not in the U.S.

Do you have an F-1 Visa? Yes No

(If yes, please complete information below)

Previous US school attended

Last day of study

Do you intend to continue attending school in the United States in Fall 2009? Yes No

Have you been admitted at UCLA for Fall 2009? Yes No Department: _____

FINANCIAL CERTIFICATION (REQUIRED FOR I-20)

Please have an official from your bank or financial sponsor's bank complete this section.

Sponsor's Name (if other than self)

Relationship

Address

I guarantee that US \$5,000 per each six weeks will be available for the applicant during his/her summer study.

Signature

Date

Bank Verification: We will accept the bank endorsement below or an original letter written in English and dated within the last three months on official bank stationery. Faxed copies are acceptable. We will also accept a bank statement in English or Certificate of Deposit verifying the above.

This is to certify that the applicant or sponsor listed is financially capable of meeting the financial commitment of US \$5,000 per each six weeks of study and, if the funds are outside of the United States, is permitted to use them under his/her government's present regulations.

Signature of Bank Official

Date

Name of Bank Official

Title

Bank Address

Bank Phone

Official bank stamp or seal

DECLARATION STATEMENT (REQUIRED FOR I-20)

I fully understand that as an F-1 visa student, I am required to enroll in 8 units per 6-week session, to have proof of English proficiency, to have proof of sufficient funds, and to purchase health insurance. I further understand that failure to comply with these requirements may place me "out of status" with US Immigration. I certify that the statements on this application form are correct and complete, and I accept the conditions stated above.

Applicant's Signature

Date

Please upload this form with necessary signatures, bank official information, bank stamp or seal, passport photocopy and proof of English proficiency