



Form I-20 Request

The United States requires that students who cannot prove status as a U.S. Citizen or U.S. Permanent Resident (“green card holder”) must hold valid passports and entry visas in order to apply for admission to an academic program. The F-1 visa is generally the appropriate visa for students wishing to study at Midwestern University. When a student is admitted to the university and submits this request form, the university issues the Form I-20, which is a certificate of eligibility that the student can use to apply for an F-1 visa to enter the United States.

Submission Date	Expecting to Begin Program in <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring of this year: _____	Campus <input type="checkbox"/> Downers Grove, Illinois <input type="checkbox"/> Glendale, Arizona
Intended Program of Study	<input type="checkbox"/> Osteopathic Medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental Medicine <input type="checkbox"/> Optometry <input type="checkbox"/> Veterinary Medicine	<input type="checkbox"/> Biomedical Sciences M.A. <input type="checkbox"/> Biomedical Sciences M.B.S. <input type="checkbox"/> Cardiovascular Science <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Nurse Anesthesia
		<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physician Assistant Studies <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Podiatric Medicine <input type="checkbox"/> Speech-Language Pathology

Student Information (all information must exactly match your passport)

Family (Last) Name	Given (First) Name	Middle Name	Sex (Required by ICE) <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship	City and Country of Birth		Date of Birth (month/day/year)

Contact Information

E-mail Address	Permanent Address	Address Line 1	
Phone Number	Foreign Address	Address Line 2	
Are You Currently in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answer 'Yes' and do not have an F-1 visa, we will not issue a Form I-20 until you make an appointment with us to complete a Change of Status application. If approved for change of status, you are required to exit the United States and return with the new Form I-20 to obtain your new F-1 visa.</i>		City	
		Province/Territory	
		Postal Code	Country
If 'Yes' above, Current Address in United States	Address Line 1	Address Line 1	
	Address Line 2	Address Line 2	
	City	City	
	State	State/Province/Territory	
	ZIP Code	Postal Code	Country
	USA		
	Mail the Form I-20 to this Address	Address Line 1	
		Address Line 2	
		City	
		State/Province/Territory	
		Postal Code	Country

Current School Information

Are you currently attending or recently graduated from another school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School You Currently Attend	Last Date of Academic Attendance or Post-Completion OPT
<p><i>If you answer 'Yes,' you must instruct your current school to transfer your SEVIS record to Midwestern University at the appropriate time. Submit the Request to Transfer SEVIS Record page, attached to this form, to your Designated School Official at your current U.S. school.</i></p>		

CONTINUE AND SIGN ON SECOND PAGE

Form I-20 Request (continued)

Prior to submitting this form, a student must

- 1) be admitted to an academic program at Midwestern University,
- 2) accept the offer of admission,
- 3) prepay full tuition for the first year of study, and
- 4) have liquid funds available to cover the living expenses of themselves and any dependents listed below.

Student living expenses are defined in the Cost of Attendance budget published at www.midwestern.edu/costofattendance.

Living expenses for dependent spouses are defined at \$4,000.

Living expenses for dependent children and other dependents is defined at \$2,000 per dependent.

Dependent Information

Do you have any dependents who will also need a Form I-20? No Yes, please issue a Form I-20 to the dependents listed below.

Relationship to Student	Name of Dependent	Date of Birth (MM/DD/YYYY)	Country of Citizenship	Living Expenses	Sex
<i>Spouse</i>				US \$4,000	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Other: _____				US \$2,000	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Other: _____				US \$2,000	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Other: _____				US \$2,000	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Child <input type="checkbox"/> Other: _____				US \$2,000	<input type="checkbox"/> Male <input type="checkbox"/> Female
Total Dependent Living Expenses:				US \$	

Certification of Request and Available Finances

I certify the information provided on all pages of this form is correct and complete, and I have liquid funds available to cover my own living expenses for the first year of study as defined in the Midwestern University Cost of Attendance budget published for my entering year of studies.
I additionally certify I have liquid funds available to support the living expenses of the dependents listed above.

Printed Name of Student	Signature	Date
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ATTACH THE FOLOWING:

- ✓ **A COPY OF YOUR PASSPORT AND ANY CURRENT U.S.-ISSUED VISA**
- ✓ **A COPY OF THE PASSPORT FOR ALL LISTED DEPENDENTS**

**TO SUBMIT, SCAN THIS COMPLETED FORM
TO THE E-MAIL ADDRESS PROVIDED BELOW:**

SCAN COMPLETED FORM TO
OFFICE OF THE REGISTRAR

Downers Grove Campus:
IL.registrar@midwestern.edu

Glendale Campus:
AZ.registrar@midwestern.edu

Retain original signed form
for your records.



Request to Transfer SEVIS Record

STUDENT: Please complete this form and submit it to your Designated School Official (DSO) at your current U.S. school.

Dear Colleague:

The student listed below plans to attend Midwestern University and requests you transfer his or her SEVIS record to our institution promptly upon his or her completion of academic attendance or post-completion OPT.

Thank you for your service to our mutual student,
Office of the Registrar at Midwestern University

Student Information (all information must exactly match the student's passport)			
Last Name	First Name	Middle Name	Sex (Required by ICE) <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship	City and Country of Birth		Date of Birth (month/day/year)
Intended Program of Study at Midwestern University	<input type="checkbox"/> Osteopathic Medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental Medicine <input type="checkbox"/> Optometry <input type="checkbox"/> Veterinary Medicine	<input type="checkbox"/> Biomedical Sciences M.A. <input type="checkbox"/> Biomedical Sciences M.B.S. <input type="checkbox"/> Cardiovascular Science <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Nurse Anesthesia	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physician Assistant Studies <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Podiatric Medicine <input type="checkbox"/> Speech-Language Pathology

Transfer Information		
SEVIS Number	Student's Current U.S. School	Last Date of Attendance / OPT
Transferring to Midwestern University campus in <input type="checkbox"/> Downers Grove, Illinois <input type="checkbox"/> Glendale, Arizona		Beginning at Midwestern Univ. in <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring of this year: _____
SEVIS School CHI214F10670000 ILregistrar@midwestern.edu 630-515-7600	SEVIS School PHO214F00539000 AZregistrar@midwestern.edu 623-572-3325	

Student Request and Consent			
I request my current Designated School Official (DSO) transfer my SEVIS record to the Midwestern University campus identified above. I also authorize the DSO to discuss this transfer request with Midwestern University if necessary.			
Printed Name of Student	Signature	Date	Current Student ID

-- STUDENT STOPS HERE --

For Designated School Official (DSO)			
Please fill in your contact information and scan this completed form to the e-mail address for the campus indicated above.			
DSO Name	DSO E-mail	DSO Phone	Date Transfer Will Be/Was Completed