

# **Request for Form I-20**

Name: \_\_\_\_\_

*(Family or Last Name) (First Name) (Date of Birth) (Month/Day/Year) (Country of Birth/Citizenship)(Relationship)*

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Other reason (please explain in detail):

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Undergraduates (required 12 or more hours)

Semester	Tuition/Fees	7,227
Year (9)	Tuition/Fees	14,454
Year (9)	Room/Board	4,702
Year (9)	Miscellaneous	