



## Doctor of Naturopathic Medicine I-20 APPLICATION FORM 2024-2025

The University of Western States is required by the United States Bureau of Citizenship and Immigration Services to obtain evidence that all applicants have adequate funds to pay for at least their first full year of educational and living expenses while studying in the US. The following is a breakdown of the estimated first year (three academic quarters) expenses while attending UWS:

Academic Year 2024-2025	
Tuition & Fees	\$32,550 USD
Books & Supplies	\$2,643
Room & Board	\$17,748
Personal/Other	<u>\$3,882</u>
<b>TOTAL (US FUNDS)</b>	<b>\$56,823 USD</b>

*If you are married and plan to bring your spouse and any children, a proportionately larger amount must be certified on the basis of at least an additional \$5,000.00USD for your spouse and \$3,000.00USD for each child.*

If you can demonstrate sufficient funding, please complete the following information.

On page 2, list all sources of support as appropriate, and attach a copy of your passport photo page and the original required proof of funding documents to this form.

**Please Print**

Name (as it appears on your passport): \_\_\_\_\_

Date of Birth (mo/day/year): \_\_\_\_\_

Present mailing address: \_\_\_\_\_  
\_\_\_\_\_

Permanent (non-US) address: \_\_\_\_\_  
\_\_\_\_\_

City of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**Are you currently living in the United States?**

No  Yes (Indicate your Visa Status below.) Entry Number (see I-94): \_\_\_\_\_

Student (F-1)  Spouse/Dependent (F-2)

Exchange Visitor (J-1)  Other (Clarify): \_\_\_\_\_

I plan to:  travel alone  have my dependents travel later  
 have my dependents travel with me (Complete dependent information below.)

DEPENDENT NAME	Date of Birth mo/day/year	City of Birth	Country of Birth	Country of Citizenship	Relationship to you (spouse/child)



UNIVERSITY of  
Western States

**Doctor of Naturopathic Medicine  
I-20 APPLICATION FORM 2024-2025  
FINANCIAL CERTIFICATE**

Student's name \_\_\_\_\_

Name of sponsor \_\_\_\_\_ Relationship to student \_\_\_\_\_

*If you are receiving support from someone else, that person should complete page 3, the Financial Documentation from Parent or Sponsor. Please note that the form must be notarized.*

<u>Source Of Support</u>	<u>Documentation Required</u> (With English Translation)	<u>Amount Guaranteed</u> (in US dollars)
<input type="checkbox"/> Personal Funds	Bank statement indicating the amount of funds available for your proposed period of study. [Original statement -- online printouts are not acceptable -- or letter from a bank official on bank letterhead.]	\$_____ per year
<input type="checkbox"/> Scholarship/Grant	Copy of your award letter signed by sponsoring organization; award given for _____ years.	\$_____ per year
<input type="checkbox"/> Loan	Copy of award letter	\$_____ per year
<input type="checkbox"/> Parent/Sponsor	Bank statement indicating the amount of funds available for your proposed period of study. (Original statement -- online printouts are not acceptable -- or letter from a bank official on bank letterhead.)	\$_____ per year
<b>TOTAL Amount of Funding Sources</b>		\$_____ per year

*Note: For a student with no dependents, total must equal  
AT LEAST \$56,823 USD*

I certify that all statements on this form are true and accurate and that funds will be provided as specified above. I know where to access current U.S. immigration regulations regarding my F-1 student visa status, and that it is my responsibility for properly maintaining my non-immigrant status.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**A FORM I-20 FOR THE PURPOSE OF A VISA/ENTRY INTO THE U.S. CANNOT BE ISSUED UNTIL YOU HAVE BEEN OFFERED FULL ACCEPTANCE TO THE UNIVERSITY OF WESTERN STATES, HAVE COMPLETED THIS FORM AND RETURNED IT WITH THE REQUIRED DOCUMENTATION TO THE UWS ADMISSIONS OFFICE.**



## I-20 Financial Documentation from Parent or Sponsor

This is a statement of financial responsibility and must be signed by parent or sponsor in the presence of a Notary Public.

Student's name \_\_\_\_\_

- I will support the individual named above in the amount of \$\_\_\_\_\_ per year.
- I have attached documentation indicating that such funds are available to me.  
(Attach an original bank statement, or letter from bank official on bank letterhead.)

Name of parent or sponsor \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

My signature below certifies that I will be responsible for expenses indicated for the above named student during his/her studies at UWS.

**Signature of parent or sponsor** \_\_\_\_\_

Signed and sworn/affirmed before me in \_\_\_\_\_ (city)

of \_\_\_\_\_ (state or province) in the municipality/county of

\_\_\_\_\_, \_\_\_\_\_ (country),

on this \_\_\_\_\_ day of \_\_\_\_\_, AD 20\_\_\_\_\_.

Signature of Officer Administering Oath \_\_\_\_\_

Title \_\_\_\_\_

My commission expires on \_\_\_\_\_