



Visa Request Form for International Applicants Requesting an I-20 (F-1) or DS-2019 (J-1)

This form should be submitted with your application for admission, along with the necessary financial support documents and all other material listed as required documents on the listed on the Visa Request Webpage. Failure to provide clear, complete, and accurate information will cause delays in processing.

GENERAL INFORMATION

Passport Family / Last Name: _____	Passport Given / First Name(s): _____	Middle Name: _____
PERMANENT ADDRESS (must be an address outside of the U.S.): Street Address: _____		
City: _____	State or Province: _____	Country: _____
Email: _____		Zip: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ (Month / Day / Year)	
City of birth: _____	Country of birth: _____	
Country of Citizenship: _____	Country of legal permanent residence: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Children: <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, you must complete dependent form	
Last position in home country: <input type="checkbox"/> Student <input type="checkbox"/> Employee	If student, specify degree level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
Application for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	TCU school you are applying to: _____	
TCU degree and program you are applying to: _____	Are you presently in F-1 or J1- Status?: <input type="checkbox"/> Yes <input type="checkbox"/> No	



Are you Currently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No ***If yes, please provide the following information. Otherwise, please skip to "Academic and Living".
What is your current immigration Status? _____
Do you plan to remain in the U.S. and apply for a change of status to F-1/J-1 from another immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to travel outside of the U.S. and re-enter in F-1 or J-1 immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No
If traveling, will you need to apply for an F-1/J-1 visa? <input type="checkbox"/> Yes <input type="checkbox"/> No

ACADEMIC AND LIVING

You are required to certify that you have sufficient funds available for your academic and living expenses throughout the duration of your academic program. The following amounts are estimated costs for 2024-2025 only. Tuition, fees, and health expenses can be expected to increase yearly, and tuition and fees are higher for some schools and programs. Additionally, if you plan to attend school in the summer, you must add summer tuition and fees to the total amount certified.

Current detailed information on costs is provide on <https://financialaid.tcu.edu/cost/cost-of-attendance/graduate.php>

Tuition and Fees	\$78,585 (\$70,785 tuition + \$7,800 fees for the first year)
Living Expenses (food, housing, utilities)	\$20,075 (12 months)
Books and Supplies	\$800 (9-month academic year)
Health Insurance	\$2,205 (12 months)
Travel Expenses	\$1,320
Misc. Personal Expenses	\$4,422
Total	\$107,407

Family Expenses – if you are married and plan to bring your spouse and/or children, you must also certify at least an additional \$4,000 per year for your spouse and \$2,000 per year for each child.



SOURCE OF FUNDS

On the chart below, indicate the source(s) of funds that will be available to cover your academic and living expenses. The appropriate blocks be completed for the estimated length of your academic program: at least two years for a master’s program and four to five years for a doctoral program.

AMOUNTS IN U.S. DOLLARS

SOUCE OF FUNDS	Year 1	Year 2	Year 3	Year 4	Year 5
Self – Support	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Family/Individual Sponsor	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Government/Agency Sponsor	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TCU	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL (must equal or exceed the University’s estimated of expenses for reach calendar year you plan to attend)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

APPLICANT’S CERTIFICATION

I certify that I have read the information provided on this certification, that it is complete and accurate, and that the funds are available. I understand that submission of incomplete or inaccurate information or documents may be grounds for denying admission, withdrawing an offer of admission, or termination of enrollment if I have been admitted.

Applicant’s Signature: _____	Date: _____
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OFFICIAL CERTIFICATION BY FAMILY OR INDIVIDUAL SPONSOR

I guarantee that I will provide the above-named applicant the amount indicated on the above chart for purposes of full-time study at Texas Christian University.

Sponsor First and Last Name: _____		Relationship to applicant: _____	
SPONSOR ADDRESS Street Address: _____			
City: _____	State or Province: _____	Country: _____	Postal Code: _____
Sponsor Telephone: _____		Sponsor Email: _____	
<i>Sponsors who are living in the U.S. and are not U.S. citizens must provide copies of the immigration papers (I-94 and visa stamp), as well as a copy of the biographical page of their passport, with the passport expiration date.</i>			
Sponsor Signature: _____		Date: _____	



DEPENDENT INFORMATION

Spouse or children under 21 only

Please complete this section for any family members who will travel with you to the U.S. or who will arrive later to join you. Each dependent in F-1/J-2 status will need a separate I-20/DS-2019 prepared for them. Only your spouse or children under 21 are eligible for F-1/J-2 dependent status. Please Note: Financial support must also be shown for family members; at least \$4,000/per year for spouse; \$2,000/per year for each child plus the cost of insurance.

PASSPORT FAMILY / LAST NAME: _____	PASSPORT GIVEN / FIRST NAME(S): _____
Middle Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to F-1/J-1: _____	Date of Birth: (Month/Day/Year): _____
City of Birth: _____	Country of Birth: _____
Country of Citizenship: _____	Country of Legal Permanent Residence: _____
PASSPORT FAMILY / LAST NAME: _____	PASSPORT GIVEN / FIRST NAME(S): _____
Middle Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to F-1/J-1: _____	Date of Birth: (Month/Day/Year): _____
City of Birth: _____	Country of Birth: _____
Country of Citizenship: _____	Country of Legal Permanent Residence: _____
PASSPORT FAMILY / LAST NAME: _____	PASSPORT GIVEN / FIRST NAME(S): _____
Middle Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to F-1/J-1: _____	Date of Birth: (Month/Day/Year): _____
City of Birth: _____	Country of Birth: _____
Country of Citizenship: _____	Country of Legal Permanent Residence: _____



TO BE COMPLETED BY THE ADMISSIONS DEPARTMENT

Applicant Family / Last Name: _____	Applicant Given / First Name(s): _____	Middle Name: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ (Month / Day / Year)	
Application for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	Does the student have the required English Proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Level: <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other If other, please specify: _____	Major: _____	Length of Program: _____
Department Requester Name (Please Print): _____	Department Requester Signature: _____	Date: _____