



INTERNATIONAL STUDENT ENROLLMENT PACKET (ISEP)
Allow 14 Business Days for Normal Processing

STUDENT BIOGRAPHICAL INFORMATION

You are required to notify the International Student Office of any changes to the information listed below. Please print legibly.

Female [] Male [] Other []

Name: Last Name/Family Name/Surname First Name Middle Name

Program/Major: Starting Semester:

United States Address:

Street Name
City State Zip Code

US Phone Number: () E-Mail Address:

HOME COUNTRY INFORMATION

Home Country Address:

Street Name
City Country Postal Code

Date of Birth: (Month/Day/Year) City of Birth

Country of Birth: Country of Citizenship:

Primary Language: Phone Number:

OTHER INFORMATION

Visa Type: [] F1 [] Other (explain):

Do you plan to apply for an F1 visa? [] Yes [] No

Have you applied for Status Change (I-539 form)? [] Yes [] No

Are you transferring From a U.S. High School, College or University? [] Yes [] No

Name of High School, College or University

EMERGENCY CONTACT INFORMATION

Name	Relationship	Primary Phone #	Email Address

DEPENDENT INFORMATION

Marital Status: Single Married Divorced

Do you have children? Yes No Number of children: _____

Do you wish to include spouse/children on the I-20? Yes No

Will your spouse/children come to the U.S.A. with you? Yes No

How will you support your spouse/children if they join you in the U.S.A.?

List all person(s) financially dependent upon you that you wish to include on the I-20

DEPENDENT 1:

Name: _____
Last/Family/Surname First Name Middle

Name

Date of Birth: _____ City of Birth: _____
(Month/Day/Year)

Country of Birth: _____ Country of Citizenship: _____

Gender: Female Male Other Relationship to you: Spouse Child

Address:

_____ Street Name Apt. Number

_____ City State Zip Code

DEPENDENT 2:

Name: _____
Last/Family/Surname First Name Middle

Name

Date of Birth: _____ City of Birth: _____
(Month/Day/Year)

Country of Birth: _____ Country of Citizenship: _____

Gender: Female Male Other **Relationship to you:** Spouse Child

If address is the same as above dependent check this box and skip the next lines.

Address:

Street Name Apt. Number

City State Zip Code

If you have additional dependants than the space we have allowed, please email us at international@cincinnati.state.edu

Financial Certification Form

The Form I-20 will not be issued until these documents are fully and accurately completed. Email questions to international@cincinnati.edu. Expect a response to emails in 48-72 hours, excluding holidays and weekends.

Student's Personal Information

Please put your name in full as it appears in your passport

Family/Surname Last Name: _____

First/Given Name: _____

Middle Name(s): _____

Cincinnati State Student ID #: _____

Are you currently in the USA? YES NO

If "Yes", what is your immigration status? F-1 M-1

If "Yes", What if your address in the USA? _____

Date of Birth (day/month/year and **spell the month**): _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____

E-mail address: _____

Telephone number: _____

Mailing address for I-20:

Due to Covid-19, SEVIS Guidance permits Institutions to sign and email I-20's electronically. This may change but at this time, disregard this section 4.29.21

Street Address: _____

Province: _____ State/Country: _____ ZIP/Postal Code: _____

Student Budget

Students do not submit financial documents as part of the admission process. Once admitted, the student scans and uploads this form with all supporting documents using Cincinnati State's "New International Student: Documents for I-20" e-form. Students should keep original documents for the visa interview.

You must provide documentation from a Bank official authorized to certify a minimum of **\$43,240 USD** in assured financial resources.

ESTIMATE OF STUDENT EXPENSES (Out-of-State Tuition) IN USD

	Year 1	Year 2	Total
Tuition & Fees	\$12,420	\$12,420	\$24,840
Room & Board	\$ 5,700	\$ 5,700	\$11,400
Books	\$ 1,800	\$ 1,800	\$ 3,600
Miscellaneous	\$ 1,700	\$ 1,700	\$ 3,400
Total Funds	\$21,620	\$21,620	\$43,240
Add \$5,000 for each Additional Dependent			

Funding Information

The total support necessary for your first year of study must be documented and available. The support necessary for subsequent years of study must be reasonably attainable and documents through bank statements, employment letters, tax returns, investments, etc. Employment / salary letters and investments are the most reliable sources of support.

If any funds are being provided by a sponsor, the sponsor must complete the Affidavit of Sponsorship provided. If personal funds are used, bank statements must be attached in your name and be enough for all years of study, not just the first year.

The total amount of money that I have available for each academic year of study is: \$ _____
 \$ _____ Personal funds
 \$ _____ Sponsor(s); *if more than one sponsor, total the amount of monetary support*
 \$ _____ Funds from Cincinnati State; Type of funds: _____
 \$ _____ Other funds; please explain: _____

I certify that the above information provided is correct and complete. I will notify *Cincinnati State Community & Technical College* of any change in my financial circumstances.

Student Signature: _____ **Date:** _____

AFFIDAVIT OF SPONSORSHIP

Instructions: Any form not completed by the sponsor and not accompanied by official documents will be considered incomplete. The amount indication should agree with the amount the student has listed from the sponsor(s) on the Financial Certification Form. If you have more than one sponsor, print this page twice and submit separate forms.

ATTESTATION:

I hereby attest that I am willing and able and will provide no less than US \$ _____ in cash to the student named below for each year of study at Cincinnati State Community & Technical College. I am attaching documents that prove the support is available / attainable, including bank statements, employment/salary letters, investments, tax returns and other assets.

Name of Student: _____

My name (sponsor): _____

My full address is: _____

My email address: _____

My phone number: _____

My relationship to the student is: _____

Affirmation or Oath of Sponsor

I hereby affirm or swear that the contents of the above statement are true and correct and that I am sponsoring the student.

Sponsor's Signature: _____



AFFIDAVIT OF SPONSOR PROVIDING FREE ROOM AND BOARD

- This section is to be completed by the sponsor who owns or rents the property.
- It should only be completed if the student is not declaring money for Room and Board on the Financial Certification Form.

Answer all questions below. This affidavit must be submitted with a photocopy of a lease or deed in the sponsor's name.

This affidavit is submitted in behalf of _____
Student's Name

Sponsor's Name: _____
Last Name First Name

Sponsor's Address: _____
Number Street

City State Zip Code

Relationship to student: _____

How many rooms are in the house or apartment? _____

How much space will be reserved for the exclusive use of the student? _____

Does the sponsor live at the address listed above? YES NO

Is the property being offered? Owned Rented Leased

SPONSOR - AFFIRMATION OF OATH

I hereby affirm that I own, rent, or lease the property noted above and that I will make it available without charge and without services-in-lieu-of-payment to the student named above for the duration of the student's studies at Cincinnati State.

I hereby further affirm or swear that the statements herein are true and accurate. I agree not to require any services from the student in return for the promised support and understand that it would be a serious violation of the law to require domestic work, childcare, or any other kinds of services.

Signature of Sponsor

Date



F-1 Student Transfer-In Form for SEVIS and USCIS

- This section is only for students transferring from another US School.
- The information below is required before your SEVIS record can be transferred to Cincinnati State.

Cincinnati State Campus (please check one)		
<input type="checkbox"/> Main CLE214F10294000	<input type="checkbox"/> Middletown CLE214F10294003	<input type="checkbox"/> Harrison CLE214F10294001
Last Name		First Name
Student ID # at the Current/Previous U.S. School		Cincinnati State Student ID#
First Semester at Cincinnati State	E-mail	
I authorize my current/previous school to provide Cincinnati State with the information regarding my immigration status.		
_____ Signature:		_____ Date:
To be completed by the INTERNATIONAL STUDENT'S ADVISOR at the current/previous U.S. school		
Good Academic Standing <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Last Semester Attended
Authorized Reduced Course Load (list all periods and reasons)		
Authorized Curricular and/or Optional Practical Training (list all periods)		
SEVIS ID N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SEVIS Transfer Release Date
Based on the records of this office, it appears that the above-named student: <input type="checkbox"/> is <input type="checkbox"/> is not eligible for SEVIS school transfer pursuant to 8 CFR § 214.2. (f)(8).		
Remarks:		
DSO's Name		Title
Signature		Date
E-mail		Phone
School Name & Address		