

Certificate of Eligibility for F-1 & M-1 Student LA Campus

IMPORTANT:



APPLICATION FOR A FORM I-20

RT I: PERSONAL INFORMAT	ION			
Name in Passport		_ , , ,		
*Surname/Last Name:				
Given/First Name:				
**Preferred Name (optional):				
Date of Birth:	Month		ar	
Gender:				
Country of Birth:				
Country of Citizenship:				
Country of Permanent Residence:				
	Number and Street:			
Permanent address in home country:	City/Province:			
	Postal Code:			
	Country:			
	Number and Street:			
	City:			
States: (required if transferring from a school in the U.S.):	State:			
	Postal Code:			
	Country:			
Telephone	Fax	Email		
SACM Sponsored:	☐ Yes ☐ No			
Sponsoring Agency:	☐ Alsalam Company	y 🗆 Ministry Of Interior	□ Saudi Airlines	
Dependent Information:				
,	• •	•		
☐ I plan to come with dependent	ts. The following deper	ndents (spouse/children) w	vill accompany me:	
1	Date of Birth	Country of Citizenshin	Relationship	
ranni, Gren name	MMDDYY	country or cruzerisinp		
Family/Given Name	Date of Birth MMDDYY	Country of Citizenship	Relationship	
	*Surname/Last Name: Given/First Name: **Preferred Name (optional): Date of Birth: Country of Citizenship: Country of Permanent Residence: Permanent address in home country: Address in the United States: (required if transferring from a school in the U.S.): Telephone SACM Sponsored: Sponsoring Agency: Dependent Information: I plan to come without dependent I plan to come with dependent 1. Family/Given Name	*Surname/Last Name: Given/First Name: **Preferred Name (optional): Date of Birth: Gender: Country of Birth: Country of Citizenship: Country of Permanent Residence: Permanent address in home country: Address in the United States: (required if transferring from a school in the U.S.): Telephone SACM Sponsored: SACM Sponsored: SACM Sponsored: I plan to come without dependents (no spouse /child I plan to come with dependents. The following deper 1. Family/Given Name Date of Birth Month	*Enter your name exactly as shown in your passport. Att and any U.S. visa you may have.) *If you have a Preferre *Surname/Last Name: *Surname/Last Name: **Preferred Name (optional): Date of Birth: Gender: Gender: Gender: Gender: Gender: Gender: Country of Birth: Country of Citizenship: Country of Permanent Residence: Number and Street: City/Province: Country: Number and Street: City: Number and Street: City: Address in the United States: (required if transferring from a school in the U.S.): Telephone	



PART II: If you are in the Unite	d States <u>now,</u>	complete this secti	ion. If not, contir	ue to Part III		
What is your imm You may attend school regardless of y	•	☐ F-1 ☐ M-1				
What school are you tra						
Another status: Which one?						
Do you plan to travel outside the U.S. before school starts?		☐ Yes ☐ No				
Do you have If so, when	☐ Yes ☐ No					
Estimated Expenses: The amounts below represent the minimum estimated expenses for One Year (12 months) at Spartan College. You must be able to prove that you will be funded for every year of the program according to your particular program. Tuition Living Total Check which						
		Expenses		applies		
Aviation Maintenance -Diploma	\$36,060	\$26,976	\$63,036	☐ Yes		
Aviation Maintenance -AOS	\$31,104	\$26,976	\$58,080	☐ Yes		
Airframe & Powerplant - Diploma	\$31,104	\$26,976	\$58,080	Yes		

^{**}Dependents: Students planning to bring a spouse and/or children must provide evidence of additional financial support: a minimum of \$13,000 for spouse and \$5,000 for each additional dependent for the first year.



You	RT IV: Student's Statement of Financial Support retails must be equal to or greater than the red total estimated expenses from y FUNDS MUST BE INDICATED IN US DOLLARS).	your program on page 2.
Sou	rce (s) of my support	Annual Amount
	Student's Own Funds: Must provide bank statements/proof of income:	\$
	Scholarship (s): Scholarship from	\$
	Funds from Sponsor (s) Each listed sponsor must complete a Sponsor's Affidavit Form with evidence.	
	Sponsor(s) Name	\$
	al amount available to me every year of study er to page 3 for total expenses)	\$
	below signature validates that all of the above information is true.	
STU	DENT SIGNATURE: DAT	E:



SPONSOR AFFIDAVIT FOR FINANCIAL SUPPORT

YOUR COMMITMENT AS A SPONSOR TO A STUDENT:

When you complete the Sponsor's Affidavit, you are certifying and swearing to Spartan College and the U.S. Government that you can and will provide a student with a specific amount of money for every year of study in the United States.

<u>Promise only the amount of money you are able to give.</u> Affidavits may be rejected if it is believed that a sponsor cannot afford to give as much as promised. Please carefully consider the costs of supporting the student while living and studying at Spartan College. <u>Each sponsor must show financial evidence that must meet or exceed the expenses annually for the student.</u> This is so sponsors can prove they can pay for the student and still have enough funds to support them and any dependents. Sponsors who fail to meet their stated commitment jeopardize the student's education and legal status in the United States.

INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT:

- 1. Complete the form on the next page.
- 2. Promise to provide only the amount you are able to provide for every year while the student is studying at Spartan College.
- 3. Attach financial documents proving you are fully capable of this amount of support.
- 4. All documents must be in English (officially translated), less than two months old, and in U.S. dollars.

PROVING FINANCIAL SUPPORT: (Statements must be in U.S. Dollar amounts.)

To prove financial support, you must provide **AT LEAST** one of the following two options in its entirety. Student's total funds must meet or exceed the expenses annually.

1. Provide your THREE most recent pay slips/receipts **AND** letter from employer on business stationery stating your annual salary and when you started working there.

OR

2. Provide a letter from a bank official or other financial institution stating the date your account was opened, Average balance in the account for the past 12 months, and present balance.

*Do Not Send: Information on non-liquid funds, property or retirement account information.

Checks: Note that all checks made payable to Spartan College must be written on a U.S.-affiliated bank or appropriate financial institution. (*Continued on next page*)



SPONSOR'S AFFIDAVIT OF ANNUAL FINANCIAL SUPPORT

SPONSOR'S PERSONAL INFORMATION:

I hereby attest that I am willinamed below for EVERY YEA	-		Dollars in cash to the st	udent
NAME OF SPONSORED STUD	ENT			
	Last (Family)	First		
Sponsor's Name:				
	Last (Family)	First		
Relationship to Student:		Telephone Number		
Email:				
Address:				
Number & Street		Apt #		
City/Province	State	Zip/Postal Code	Cou	 untry
The following persons are do children, if applicable. Name	ependent upon me for thei <u>Relatio</u>		support. Include spouse <u>Age</u>	e and/or
DOCUMENTARY EVIDENCE OF Amount must meet or exceed 1Most recent THREE passalary.	OF FINANCIAL ABILITY MUS d what you will supply to th	e student every year. (Please		nnual
<u> </u>	ficial or other financial instit st year, and present balance	tution stating the date your a e.	ccount was opened, tot	al amount
Sponsor/guarantor signature	::	Date:		