



International Student Supplemental Application Form

**Biographical Information (Should Match Passport)**

<b>Family Name:</b>		<b>First Name:</b>	<b>Middle Name:</b>
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth:</b>		<b>City of Birth:</b>
	<b>Month:</b>	<b>Day:</b>	
		<b>Country of Birth:</b>	

**Address Where You Would Like Us to Ship Your I-20**

**Please note that you will be financially responsible for the shipment of your immigration document(s).**

**In order to receive your I-20, you will need to create a shipment request with eShipGlobal.**

**Please be sure to select the School of Dentistry account when you create your shipment.**

Link to eShipGlobal website: <https://study.eshipglobal.com/>

<b>Street #:</b>	<b>Street Name:</b>	<b>Unit #:</b>
<b>City:</b>	<b>Province/State:</b>	<b>Country:</b>
		<b>Zip Code:</b>

**Residential Permanent Address (Not in the United States)**

<b>Street #:</b>	<b>Street Name:</b>	<b>Unit #:</b>
<b>City:</b>	<b>Province:</b>	<b>Country:</b>
		<b>Zip Code:</b>

**Applicant Contact Information**

<b>Email Address:</b>	<b>Phone Number:</b>
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**Immigration Status History**

<b>Are you currently in the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please indicate the visa category:</b> <input type="checkbox"/> F <input type="checkbox"/> J <input type="checkbox"/> H <input type="checkbox"/> Other: _____
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If yes to the above question, please indicate one of the three options below:

I will change status in the U.S.: [http://www.internationalcenter.umich.edu/immig/fvisa/f\\_chngstatus.html](http://www.internationalcenter.umich.edu/immig/fvisa/f_chngstatus.html).

I will obtain a new status by travel. My anticipated departure and return dates are:

**Date of Departure:**

**Date of Return:**



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**Immigration Status History Continued**

I am requesting a transfer of my F-1 status from my current school to the University of Michigan.

**If you are transferring your F-1 status, The School of Dentistry Human Resources Service Center will supply you with the necessary immigration transfer-in form. This form must be completed and signed by both you and your immigration advisor at your current academic institution. If this form is not filled out, then your transfer to the University of Michigan will be incomplete.**

For more information about being an international student at U of M, please visit this link: <http://www.internationalcenter.umich.edu/>.

**Dependents**

Will you be bringing a spouse and/or children?  No  Yes. If yes, please provide the information below.

Family Name:	First Name:	Middle Name:	Relationship (Spouse or Child):	Date of Birth (M/D/YR):	City of Birth:	Country of Birth & Citizenship:

For more information on bringing dependents to the United States please refer to this link: [http://internationalcenter.umich.edu/immig/fvisa/fj\\_dependents.html](http://internationalcenter.umich.edu/immig/fvisa/fj_dependents.html).

**Note: a spouse and /or children under the age of 21 are the only people eligible for F-2 Visas.**



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Source of Financial Support for Studies

Personal Funds from Student:	Family or Other Individuals:	Financial Support from Government/Organization/Employer Sponsor:	Funds from Univ. of Michigan:
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Source Descriptions and Guidance:

Personal Funds from Student

- Provide an official dated bank statement in your name, in English or with a certified translation.
- This document should be no older than one year at the term of enrollment.

Family or Other Individuals

- Each individual contributing financially to your education must complete an affidavit of support.
- Each individual must provide an official dated bank statement.
- The bank statement(s) should be no older than one year at the term of enrollment.

Financial Support from Government/Organization/Employer Sponsor

- A detailed letter from the sponsor indicating the exact dollar amount being provided, in US funds.
- The letter must be on official letterhead and include the dates of sponsorship.
- The letter must be no older than one year at the term of enrollment.

Funds from the University of Michigan

- A detailed letter on department letterhead indicating the dollar amount and dates of the award. If a stipend is included, the exact amount must be specified. If possible, itemize amounts of tuition, living expenses, health insurance, etc. provided in the award.
- The letter must be no older than one year at the term of enrollment.

Health Insurance Requirements

I understand or confirm that:

- I must (and if applicable my dependents) have health insurance while I am a student at The School of Dentistry.
- I will be automatically enrolled in the International Student and Scholar Health Insurance Plan through the International Center once I am admitted to my program.
- I have reviewed the International Center’s website and am aware of current health insurance rates: <http://internationalcenter.umich.edu/healthins/rates.html>.

For information about waivers, visit this link for information: <http://internationalcenter.umich.edu/healthins/waiver.html>.

Student Signature

Signature:

Date:

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