ARCHDIOCESE of MILWAUKEE

FORM I-20 WORKSHEET (Fillable Form)

1. PLEASE PRINT *NEATLY* AND *FILL OUT FORM* COMPLETELY
2. E-mail completed Form I-20 Worksheet to the PDSO at farrellm@archmil.org
3. If you have any questions contact Molly Farrell at (414) 758-2256

PDSO MAILING ADDRESS: MOLLY FARRELL OFFICE FOR SCHOOLS ARCHDIOCESE OF MILWAUKEE P.O. BOX 070912 MILWAUKEE, WI 53207-0912	**ELEMENTARY:** ☐	**SECONDARY:** ☐
	NAME OF SCHOOL:	
	CONTACT PERSON:	
	CONTACT PHONE:	

FAMILY NAME (SURNAME**):**	**FIRST** (GIVEN):	**MIDDLE:**
PREFERRED NAME: (OPTIONAL)	**PASSPORT NAME:** (OPTIONAL)	

COUNTRY OF BIRTH:	**COUNTRY OF CITIZENSHIP:**	**CITY OF BIRTH:**
DATE OF BIRTH: (MM/DD/YYYY)	**MALE:** ☐	**FEMALE:** ☐
ENGLISH PROFICIENCY: **YES:** ☐ **NO:** ☐ **EXPLAIN:**		

ACADEMIC YEAR – 10 MONTHS, TWO SEMESTERS

TUITION AND FEES: (SCHOOL FILLS IN)	$
LIVING EXPENSES: (FAMILY FILLS IN)	$
OTHER EXPENSES:	$
TOTAL EXPENSES:	$

(HAVE PROOF OF FINANCIAL FUNDS WHEN APPLYING FOR YOUR F-1 VISA AND RECEIPT FROM THE SEVIS I-901 FEE)

STUDENT'S PERSONAL FUNDS: (SHOULD BE EQUAL OR MORE THAN THE TUITION, FEES, AND LIVING EXPENSES)	$
OTHER FUNDS:	$
TOTAL FUNDS:	$

PROGRAM START DATE: (MM/DD/YYYY) (FIRST DAY STUDENT WILL ARRIVE AT YOUR SCHOOL)	**PROGRAM END DATE:** (MM/DD/YYYY) (HOW LONG WILL STUDENT BE ENROLLED AT YOUR SCHOOL?)
TOTAL ACADEMIC MONTHS STUDENT WILL ATTEND YOUR SCHOOL:	**START OF CLASSES:** (MM/DD/YYYY) (CAN BE THE SAME AS THE PROGRAM START DATE)

(NEW "*INITIAL*" I-20 STUDENT CAN NOT BE IN THE COUNTRY LONGER THAN 30 DAYS BEFORE PROGRAM START DATE)

FOREIGN ADDRESS: (HOME ADDRESS) PRINT CLEARLY

ADDRESS LINE 1:	
ADDRESS LINE 2:	
CITY:	**TERRITORY/PROVINCE:**
POSTAL CODE:	**COUNTRY:**

U.S. ADDRESS (LIVING IN UNITED STATES)

ADDRESS LINE 1:		
ADDRESS LINE 2:		
CITY:	**STATE:**	**ZIP:**

Updated: December 2024