

Ohio Wesleyan University

Initial Attendance Form I-20

Student Acknowledgement Form

This form is to be printed and completed by the student and signed by the student and financial guarantor(s) and then submitted with the other I-20 issuance forms. Information about programs and policies described below have been previously provided and are available on the OWU website.
Please contact iocp@owu.edu if you have any questions. Please see [IOCP web resources](#) for more information.
Initial where indicated and then sign and date at the end. This form has two pages.

Student Information:

Surname: _____ First/Given Name: _____

Country of Citizenship: _____ Date of Birth: _____

Acknowledgements:

I acknowledge and understand that it is my responsibility to maintain my F-1 student immigration status after arriving in the USA and to abide by the laws and regulations of the USA.

Initials: _____

I acknowledge and understand that, if required, I will take part in English Language Testing during orientation and will be enrolled in prescribed English courses, such as those in the EAP program.

Initials: _____

I acknowledge and understand that if I choose to remain on-campus during scheduled semester breaks (summer and winter breaks) that I will incur additional costs and charges, that I may be moved to on-campus congregate housing, and that I will not have access to campus dining facilities. Normally students do not remain on-campus during semester breaks. This does not apply to breaks within a semester (fall, Thanksgiving, and spring breaks)

Initials: _____

I acknowledge and understand that OWU has a mandatory housing and meal plan policy and that I am required to participate in both for all years that I am enrolled on-campus. I also acknowledge and understand that OWU's Dining Services offers accommodations for dietary needs.

Initials: _____

I acknowledge and understand that I have reviewed OWU's mandatory Student Health Insurance plan and its Summary of Benefits and Coverage and that, as is usual for health insurance plans in the USA, there are copayments and deductibles that I am required to pay.

Initials: _____

I acknowledge and understand that tuition, room and board and other fees will increase every year, but my scholarship and other institutional financial aid will not.

Initials: _____

I certify that I have read and understand this information.

Student:

Student Signature

Date

Financial Guarantor:

Surname: _____ First/Given Name: _____

Relationship to Student: _____

Financial Guarantor Signature

Date