

Application for a Certificate of Eligibility (Form I-20)

International students who are admitted into a degree program at the City University of New York (CUNY) will need to obtain a Certificate of Eligibility (Form I-20), in order to enter and /or remain in the U.S. as an F-1 student. This requirement applies whether you are a new student, a transfer student from another U.S. college/university, or a student transferring between CUNY colleges.

Please include your biographic page of your passport with your application. (Print clearly)

Sex (check one) Male Female

1. Name _____
(Family name as in passport) (Given name as in passport) (Second given, or middle name, if any, as in passport)

2. Present Mailing Address _____
(Number and street) (City, State) (Country) (Postal code)

3. Telephone Number: _____ Fax Number: _____ Email: _____

4. Date of Birth: _____ Place of Birth: _____
(Month/Day/Year) (City and Country)

5. Country of Citizenship: _____ Country of Residence: _____

6. Permanent Home Country Address: _____
*Required by U.S. Government Regulations (Postal Code) (Number and street) (City, State) (Country)

7. Address in the United States (if known) _____
(Number and street) (City) (State) (Zip Code)

8. Expected Semester of Enrollment: Fall 20 _____ Spring 20 _____

9. Degree Program: Associates _____ Bachelors _____

10. Academic Major: _____

Dependent Information

11. Spouse Information _____
First Name Middle Name Last Name

Date of Birth Country of Birth Country of Citizenship

12. Child Information _____
First Name Middle Name Last Name

Date of Birth Country of Birth Country of Citizenship

ONLY TO BE COMPLETED BY APPLICANTS ALREADY IN THE UNITED STATES

13. If you are currently in the United States, please indicate your immigration status. Attach a copy of the passport pages with the passport number, expiration date of passport, and the U.S. visa stamp. Include copies of both sides of the I-94 for yourself and accompanying family members.

14. Current Non-Immigrant Status _____ I-94 Admission # _____

(Attach copies of ALL your previously issued I-20 forms)

15. Current U.S. school that issued the most recent Form I-20 _____ SEVIS ID# N _____

16. Current U.S. school: Name: _____

Address: _____
(Number and street) (City) (State) (Zip Code)

17. Other Immigration Status (if applicable, specify type) _____

18. I-94 Admission Number _____ I-94 Expires on: _____
(Month/Day/Year)

DECLARATION AND CERTIFICATION OF FINANCES

Please indicate the source and amount of your financial support for the first four years of study for bachelor’s degree candidates and two years for associate’s degree candidates. Medgar Evers College requires that you provide documentation of guaranteed support for the first year and projected support for future years. Note that costs may increase 7 percent to 10 percent annually. Total amounts must meet or exceed the estimate of expense (see “Sponsor Supporting Evidence” page).

U.S. Immigration authorities require colleges to receive satisfactory financial certification from prospective students before issuing an I-20. Therefore, you must attach original documents for each source of financial support you indicate. Please refer to the “Sponsor Supporting Evidence” page for a list of acceptable supporting documents. Be sure to have an additional set of original documents for your appointment at the U.S, consulate or embassy overseas.

Complete and send in this page with your application. Provide as much detail as possible.

ONLY ORIGINAL DOCUMENTS FROM EACH SOURCE OF FINANCIAL SUPPORT IS ACCEPTABLE. FINANCIAL DOCUMENTS CANNOT BE OLDER THAN THREE MONTHS.

	(Amount in U.S. Dollars)			
Guaranteed Support First Year	Projected Support Second Year	Projected Support Third Year	Projected Support Fourth Year	
A.STUDENT	\$ _____	\$ _____	\$ _____	\$ _____

Name: _____

Name of Bank: _____ Location _____ (City) _____ (Country)

The student must provide the following documents in English:

- 1) Bank Officer’s summary statement of account history
- 2) Stock brokerage account statements, if any.

B. PARENTS AND /OR OTHER INDIVIDUAL SPONSORS

	\$ _____	\$ _____	\$ _____	\$ _____
Sponsor # 1:	_____	_____	_____	_____
	First Name	Middle Name	Last Name	Relationship to student

	\$ _____	\$ _____	\$ _____	\$ _____
Sponsor # 2:	_____	_____	_____	_____
	First Name	Middle Name	Last Name	Relationship to student

	\$ _____	\$ _____	\$ _____	\$ _____
Sponsor # 2:	_____	_____	_____	_____
	First Name	Middle Name	Last Name	Relationship to student

C. GOVERNMENT, UNIVERSITY OR OTHER SPONSOR

Source _____ \$ _____ \$ _____ \$ _____ \$ _____
Source _____ \$ _____ \$ _____ \$ _____ \$ _____
Source _____ \$ _____ \$ _____ \$ _____ \$ _____

(Attach current signed official copy of the terms of sponsorship, including amount of support in U.S Dollars and period covered)

Grand Total \$ _____ \$ _____ \$ _____ \$ _____

(Each total must equal the estimate of expenses for one year of \$45,827.00 USD)

**MEDGAR EVERS COLLEGE CANNOT ISSUE AN I-20 UNTIL YOU MEET ALL THE
REQUIREMENTS FOR FINANCIAL DOCUMENTATION.**

By signing my name to this form, I certify that the information is a correct statement of my arrangements for financing my studies at Medgar Evers College.

Student's signature _____ Date _____

Please Print Name _____

AFFIDAVIT OF SUPPORT

This form is for individuals using their own income and/or savings to support a student. It must be completed by the person who will provide the student with full or partial financial support and/or room and board during the student's course of study at Medgar Evers College. *(Copies of this form may be made for multiple sponsors)*

**SPONSORS PROVIDING FINANCIAL SUPPORT MUST COMPLETE ITEMS 1-6
SPONSORS PROVIDING ROOM AND/OR BOARD MUST COMPLETE ITEM 1 AND 7.**

SPONSORS INFORMATION

1. I, _____ Citizen of _____
(Name of sponsor) (Country)

and residing at _____

Certify the following:

2. I am employed with _____
(Name of employer)

located at _____
(Street) (City, State) (Country) (Postal code) (Telephone)

I receive an annual income of \$ _____ (U.S.) from this employment.

(Attach a current salary confirmation statement written by that employer, or verification of annual income for self-employed or retired individuals. The employer statement or verification of annual income must be written in English or accompany a certified translation.)

3. I have \$ _____ (U.S.) on deposit with _____
(Name of Bank)

Address of Bank: _____
(Number and Street) (City, State) (Country) (Postal code)

Attach bank officer's statement of account history/balance.

4a) I currently support _____ persons (including myself). Our total annual income is \$ _____ (U.S.).

Our total family expenses are \$ _____ (U.S.)

4b) I sponsor _____ (number) of Individuals for immigration in addition to this affidavit.

STUDENT SUPPORT INFORMATION

5) This affidavit is executed on behalf of _____ who was born on _____ she/he is my _____
(Name of student) (Month/Day/Year) (Relationship to Sponsor)

6) I hereby certify that I am willing, able and do commit to provide _____ with the annual amount
(Name of student)
of \$ _____ (U.S.) for her/his tuition, fees and/or living expenses each year during the entire program of study at
the City University of New York until _____ (Date of sponsorship termination).

ROOM AND BOARD SUPPORT INFORMATION

(To be completed if student will live in the sponsor’s home in the United States).

7) I hereby certify that I will provide _____
(Name of student)

With (check one):

_____ Room only in my home at the address indicated above (valued at \$13,848) during each year that he/she follows a program of study at Medgar Evers College/CUNY.

_____ Full room and board (food) in my home as indicated above (valued at \$18,072) during each year that he/she follows a program of study at Medgar Evers College/CUNY.

Note: This value cannot be included in any amount of support being provided in #6 above. Attach a copy of your lease or deed or copy of a statement from your landlord and proof of income.

By signing my name to this affidavit, I certify that the information above is a correct statement of my agreement to sponsor the student herein named.

Signature: This affidavit must be signed.

Signature of sponsor: _____ Date: _____

Please print name: _____

