New York College of Health Professions
Office of International Students (OIS)
6851 Jericho Turnpike, Suite 210, Syosset, NY 11791
OIS@nycollege.edu

APPLICATION FOR CERTIFICATE OF ELIGIBILITY (FORM I-20)

F-1 International Students · Academic Year 2026–2027

This application must be completed by every international student who seeks F-1 student status at New York College of Health Professions, whether entering as a new student or transferring your SEVIS record from another U.S. institution. A SEVIS Certificate of Eligibility (Form I-20) is issued only after (1) you have been admitted to the College, (2) this application is complete, and (3) the Office of International Students (OIS) has received and approved documentation of financial support demonstrating adequate resources for your period of study in the United States.

Submit Sections 1–6, the Declaration & Certification of Finances (Section 8), and one Affidavit of Support (Section 9) for each sponsor, together with all supporting documents, to OIS@nycollege.edu. Include a copy of your passport identity page showing the expiration date. If you are admitted and later postpone your admission, a new Application for Certificate of Eligibility is required. The Form I-20 itself is produced by the College in SEVIS after approval; it is never completed by the student.

SECTION 1 — STUDENT INFORMATION (exactly as shown in your passport)

_____ _____ _____
Family name (surname) *Given (first) name* *Middle / second given name, if any*

Sex (as in passport): ☐ Male ☐ Female Date of birth (mm/dd/yyyy): _____ / _____ / _____

_____ _____ _____
City of birth *Country of birth* *Country of citizenship*

_____ _____ _____
Country of legal permanent residence *Telephone (with country code)* *Email*

SECTION 2 — ADDRESSES

Current mailing address:

_____
Address

_____ _____ _____
City, State / Province *Country* *Postal code*

Should your Form I-20 be sent to this address? ☐ Yes ☐ No — provide mailing address below

_____
Alternate mailing address (street, city, state/province, country, postal code)

Permanent residential address outside the United States (required by U.S. government regulations):

Same as current address above? ☐ Yes ☐ No — provide below

_____
Address (street, city, state/province, country, postal code)

Address in the United States (only for applicants currently living in the U.S., including SEVIS transfer students):

_____
U.S. address (street, city, state, ZIP)

SECTION 3 — EDUCATION HISTORY (all institutions attended beyond secondary school, including in your home country)

Institution (name, city, country)	From (mm/yyyy)	To (mm/yyyy)	Immigration status (if in U.S.)

SECTION 4 — ENROLLMENT AND PROGRAM

Program applying to: ☐ Massage Therapy (A.O.S.) ☐ Acupuncture (M.S.) ☐ Acupuncture with Chinese Herbal Medicine (M.S.)

Expected trimester of enrollment: ☐ Spring ☐ Summer ☐ Fall Year: _____

Type of admission: ☐ New admission ☐ SEVIS transfer from a U.S. institution ☐ Readmission

If a SEVIS transfer, name and address of the U.S. school that currently holds your SEVIS record:

_____

Institution name and full address

SECTION 5 — APPLICANTS CURRENTLY IN THE UNITED STATES

Indicate your current immigration status. Attach copies of your passport pages (number, expiration, visa stamp), your most recent Form I-94 for yourself and any accompanying family members, and all previously issued Forms I-20.

☐ **F-1 student status**

_____ *Institution that issued your most recent Form I-20*

_____ *SEVIS ID (N-number)*

_____ *I-94 admission number*

_____ *Date of initial U.S. entry in F-1 status (mm/dd/yyyy)*

_____ *I-94 expires (mm/dd/yyyy or D/S)*

☐ **Other status** (e.g., B-1/B-2, J-1, H-4 — a change of status may be required before beginning study; consult OIS)

_____ *Status type*

_____ *Date of initial entry in this status*

_____ *I-94 admission number*

_____ *I-94 expires*

SECTION 6 — DEPENDENTS (F-2 SPOUSE AND CHILDREN)

Complete for any spouse or child who will accompany you. Students with accompanying dependents must document an additional $5,500 per year for each F-2 dependent (spouse or child). Submit a copy of your marriage certificate and each dependent's birth certificate and passport identity page.

Name (family, given — as in passport)	Date of birth	Sex	Relationship	City / country of birth	Citizenship	Email

SECTION 7 — 2026–2027 ESTIMATED ANNUAL EXPENSES FOR F-1 STUDENTS

The figures below are the College's 2026–2027 estimated average expenses for one 12-month academic year (three trimesters), consistent with SEVP guidance that Form I-20 cost estimates reflect average tuition, fees, and living expenses for the shorter of the program length, the academic year, or 12 months. All amounts are in U.S. dollars. Your Certificate of Eligibility cannot be issued until financial documentation meeting or exceeding these estimates has been received and approved by OIS.

Program	First-Trimester Tuition	Average Annual Tuition	Room and Food	Estimated Annual Total*
Massage Therapy (A.O.S.)	$5,400	$16,200	$22,300	**$38,500**
Acupuncture (M.S.)	$6,300	$24,378	$22,300	**$46,678**
Acupuncture with Chinese Herbal Medicine (M.S.)	$6,300	$23,306	$22,300	**$45,606**

* Totals are before mandatory fees. Mandatory fees are additional — request the current fee schedule from OIS. Totals also do not include books and supplies, health coverage, transportation, or personal expenses; most students should plan additional funds. Estimates are conservative for Long Island, New York, and costs typically increase 3–5% each year.

Other required amounts:

I-901 SEVIS Fee — $350, paid directly to the U.S. Department of Homeland Security at fmjfee.com before your visa interview (first-time F-1 status; this is a U.S. government fee, not a College charge).

Dependents — add $5,500 per academic year for each F-2 dependent (spouse or child).

Minimum documentation target — Year 1 (complete this worksheet):

Program estimated annual total $_____ + mandatory fees $_____ + dependents ($5,500 × ____) = TOTAL $_____

If a sponsor will provide you free room (or room and meals) in the sponsor's U.S. home, have the sponsor complete Item 7 of the Affidavit of Support and submit proof of home ownership or a lease.

SECTION 8 — DECLARATION AND CERTIFICATION OF FINANCES

Documentation of financial support must be sent directly to OIS. Provide documentation that is as complete as possible; OIS will contact you if more is required. A Certificate of Eligibility is issued only after all documentation meeting the minimum financial requirement (Section 7) has been received and approved.

Support requirements — ALL students: support for the first academic year must be fully documented (guaranteed), and the expected sources for each remaining year of study must be shown (projected). New master's-level students: document support covering a minimum of the first two years of study. Continuing students: confirm the minimum period of support with OIS. If you are applying for a U.S. entry visa, email scanned copies of your documentation to OIS@nycollege.edu and bring the originals to your visa interview at the U.S. embassy or consulate.

SOURCES OF FINANCIAL SUPPORT (all amounts in U.S. dollars)	Year 1 — Guaranteed	Year 2 — Projected	Year 3 — Projected	Year 4 — Projected
1. Government or institutional support — Name of institution / type of award: _____ *Provide the official award or financial letter.*	$	$	$	$
2. Personal sponsor — Name: _____ *Each sponsor must submit the Affidavit of Support (Section 9), official bank statements, and income documents.*	$	$	$	$
Personal sponsor — Name: _____	$	$	$	$
3. Student's personal funds — Source: _____ *Provide official bank statements and income documents showing funds available into the future.*	$	$	$	$
Student's personal funds — Source: _____	$	$	$	$
TOTALS (must meet or exceed the Section 7 worksheet total)	$	$	$	$

By signing below, I certify that the information supplied in this application is, to the best of my knowledge, complete and correct, including the statement of my finances for my studies at New York College of Health Professions.

_____ _____ _____

Signature of student *Printed name* *Date*

SECTION 9 — AFFIDAVIT OF SUPPORT (print one copy for each sponsor)

This affidavit is for an individual using their own income and savings to provide the student with financial support. Read the entire affidavit before completing it. Items 1–4 must be completed by all sponsors; Items 5–6 by sponsors providing cash support; Item 7 only if the student will live in the sponsor's U.S. home; Item 8 by sponsors also supporting the student's dependents. This affidavit must be signed in the presence of a notary or other verifying official.

1. Sponsor: I, _____ , citizen of _____ , residing at

_____
Street address, city, state/province, country, postal code

2. Immediate cash support: I have currently available funds (checking or savings) of $(U.S.) _____ with _____ (bank), located at _____. Attach bank statements showing the most recent two months of transactions. A bank statement alone verifies only immediate availability, not continuing support.

3. Projected future support: I am employed as _____ with _____ (employer), located at _____ , and receive an annual income of $(U.S.) _____. Attach an employment/income letter in English; retired or self-employed sponsors must provide equivalent documentation of annual income.

4. I am currently responsible for the financial support of _____ individuals (including myself). My total annual expenses are $(U.S.) _____.

5. Commitment: I certify that I am the student's _____ (relationship) and commit to support _____ (name of student).

6. I will provide an annual cash amount of $(U.S.) _____ toward the student's expenses each year of study at New York College of Health Professions until _____ / _____ (month/year).

7. Room and board (only if the student will live in my U.S. home listed in Item 1 — attach proof of home ownership or lease; do not include this value in Item 6): ☐ free room ☐ free room and meals

8. Student's dependents: I commit to support the following dependents accompanying the student — spouse _____ (minimum $5,500 per academic year); minor child(ren) _____ (minimum $5,500 each per academic year); total dependent support of $(U.S.) _____ each academic year until _____ / _____. Use an additional sheet for more children.

I affirm that the contents of this affidavit are true and correct, and I authorize release of the documentation presented to the student and/or U.S. government officials on request.

Printed name of sponsor	*Signature of sponsor*	*Date*
Printed name and title of verifying official (notary)	*Signature of official*	*Date*

FOR OIS USE ONLY — DO NOT WRITE IN THIS BOX

Application received: ____ / ____ / _____	Admission verified by: _____	Program / CIP: _____
Financial documentation total: $_____	Meets Year-1 requirement: ☐ Yes ☐ No	SEVIS ID: N – _____
Form I-20 issued in SEVIS: ____ / ____ / _____	DSO name: _____	DSO signature: _____