Application for Certificate of Eligibility (Forms I-20 or DS-2019)

Please email or mail the application and support documents to: OIS@nycollege.edu

New York College of Health Professions
ATTN: Office of International Services
6801 Jericho Turnpike
Syosset, NY 11791

This application must be completed by all international students who wish to obtain international student status.

International students who are admitted into a degree, non-degree or no credit program at the New York College of Health Professions must obtain a **Certificate of Eligibility** from the College in order to enter and/or remain in the U.S. in valid Student Status. This applies whether you are a **new student or** a **transfer student** from **another U.S. institution.**

The Certificate of Eligibility will be issued only if you are admitted to the College and if you have properly completed and returned this form, and all documentation of financial support verifying that you have adequate financial resources to meet your expenses during the period of your study in the U.S. Please complete this **Application for Certificate of Eligibility** (pp. 1–2) and **Declaration & Certification of Finances** (pp. 4-5) and email them directly to the Office of International Services at OIS@nycollege.edu with all required documentation.

If you are admitted and request a postponement of your admission, you will need to request a new application for certificate of eligibility form.

The following personal information is required to prepare a SEVIS Certificate of Eligibility.

INFORMATION REQUIRED FROM ALL INTERNATIONAL STUDENTS. INCLUDE COPY OF PASSPORT ID PAGE WITH EXPIRATION DATE.

Name_____ **Sex** ☐ Male ☐ Female
(family name as in passport) (given name as in passport) (second given, or middle name, if any, as in passport)

Current Address: _____
(address)

_____
(address continued)

_____ _____ _____
(city, state) (country) (postal code)

Is this the address to which you would prefer your I-20 or DS-2019 be sent? ☐ Yes ☐ No

If not, indicate the mailing address: _____
(address)

_____
(address continued)

_____ _____ _____
(city, state) (country) (postal code)

Telephone Number_____ **Email** _____

Date of Birth____/____/____ **City of Birth** _____ **Country of Birth** _____
month day year

Country of Citizenship_____ **Country of Legal Permanent Residency** _____

PERMANENT RESIDENTIAL ADDRESS OUTSIDE THE UNITED STATES—This is required by U.S. government regulations

IS THE ADDRESS THE SAME AS THE CURRENT ADDRESS ABOVE: ☐ Yes ☐ No (if no, please fill below)

_____
(address)

_____
(address continued)

_____ _____ _____
(city, state) (country) (postal code)

ADDRESS IN THE UNITED STATES — This is required by U.S. government regulations for SEVIS transfer students currently in the U.S. in F-1 or J-1 status.
***This is for students currently living in the United States only.**

Present Address _____
(address)

_____
(address continued)

_____ _____
(city, state) (postal code)

EDUCATION— List chronologically all **institutions you have** attended beyond secondary school. Including education in your home country.

Institution	**Dates of Attendance (month/year)**		**Immigration Status**
	from	to	
	from	to	
	from	to	

Expected Semester of Enrollment: ☐ **Spring** ☐ **Summer** ☐ **Fall** **Year**_____

Type of Admission: ☐ **New Admission** ☐ **SEVIS Transfer from U.S. Institution** ☐ **Readmission**

If transfer, give name and address of current U.S. school:

_____
(Name of Institution)

_____
(address)

_____
(address continued)

_____ _____
(city, state) (postal code)

TO BE COMPLETED BY APPLICANTS ALREADY IN THE U.S.

If you are currently in the U.S., please indicate your current immigration status. Attach a copy of the **passport pages with the passport number, expiration date of passport,** and the **visa stamp**. Include **copies of Form I-94** for yourself and accompanying family members. Include copies of **all previous I-20s or DS-2019s**.

☐ **F-1 Student Status** **I-94 Admission No.** ________________ **Attach copies of ALL your I-20 forms (pages 1 & 2).**

Institution that issued most recent Form I-20 ________________ **SEVIS No.** _N________________

Date of Initial Entry into the U.S. in F-1 Status:______/______/______
month day year

☐ **J-1 Exchange Visitor Status** **I-94 Admission No.** ________________ **Attach copies of ALL your DS-2019 forms.**

Name and Address of Sponsoring Institution________________ **SEVIS No.** _N________________

Date of Initial Entry into the U.S. in J-1 Status:______/______/______
month day year

☐ **B-2 Visitor Status**

Date of Initial Entry into the U.S. in B-2 Status:______/______/______
month day year

I-94 Expires on:______/______/______ **I-94 Admission No.** ________________
month day year

☐ **Other Immigration Status** **Type:** ________________

Date of Initial Entry into the U.S. in Other Immigration Status:______/______/______
month day year

I-94 Expires on:______/______/______ **I-94 Admission No.** ________________
month day year

TO BE COMPLETED BY APPLICANTS WHO HAVE DEPENDENTS (SPOUSE AND CHILDREN)

Please provide the following information for any members of your immediate family (spouse and/or children) who will accompany you to the College. Students with accompanying families *MUST* verify an additional $7,000 for spouse and $5,120 for each child during each academic year of study. You will need to document financial support for the individuals indicated. Please submit a copy of your marriage certificate, each dependent's birth certificate and passport ID page.

Name ________________ ________________ ________________
(family name as in passport) (given name as in passport) (second given, or middle name, if any, as in passport)

Date of Birth______/______/______ **Sex** ☐ Male ☐ Female **Relationship to Student** ☐ Spouse ☐ Child
month day year

City of Birth ________________ **Country of Birth** ________________ **Country of Citizenship** ________________

Country of Legal Permanent Residency________________ **Email Address of Dependent** ________________

Name ________________ ________________ ________________
(family name as in passport) (given name as in passport) (second given, or middle name, if any, as in passport)

Date of Birth______/______/______ **Sex** ☐ Male ☐ Female **Relationship to Student** ☐ Spouse ☐ Child
month day year

City of Birth ________________ **Country of Birth** ________________ **Country of Citizenship** ________________

Country of Legal Permanent Residency________________ **Email Address of Dependent** ________________

Name ________________ ________________ ________________
(family name as in passport) (given name as in passport) (second given, or middle name, if any, as in passport)

Date of Birth______/______/______ **Sex** ☐ Male ☐ Female **Relationship to Student** ☐ Spouse ☐ Child
month day year

City of Birth ________________ **Country of Birth** ________________ **Country of Citizenship** ________________

Country of Legal Permanent Residency________________ **Email Address of Dependent** ________________

Name ________________ ________________ ________________
(family name as in passport) (given name as in passport) (second given, or middle name, if any, as in passport)

Date of Birth______/______/______ **Sex** ☐ Male ☐ Female **Relationship to Student** ☐ Spouse ☐ Child
month day year

City of Birth ________________ **Country of Birth** ________________ **Country of Citizenship** ________________

Country of Legal Permanent Residency________________ **Email Address of Dependent** ________________

2018–2019 Minimum Estimate of Yearly Expenses for International Students for Reference

The following financial support is recommended to prepare a SEVIS Certificate of Eligibility, depending on the level of the program into which you are admitted.

Estimate of Academic Yearly Expenses: Tuition and Fees*

-Initial Attendance

ESL Program…… $6,000
Associates…….…… $15,000
Bachelors…….. $17,000
Master's……. $17,000

Estimate of Personal and Living Expenses**

Room…….$10,000
Food and Meals…….. $5,000

Total Estimate of Personal and Living Expenses……...**$15,000**

If you are provided with free room and board and meals, please fill in the affidavit form below.

Other Estimates of Expenses

Initial F-1 status SEVIS Processing Fee…….……..$500
(First-time F-1 Status only, out of country. Fee includes all processing with the USCIS)

*Dependents per year:

Spouse……...$7,000
Each Minor Child (under 21 years of age)……...$5,120

*__DEPENDENTS:__ Students with accompanying dependents must verify a minimum **additional $7,000 for their spouse** and **$5,120 per child** for each academic year of study.

Total Year Yearly Estimate of Expenses, not including Dependents or other expenses

ESL Program . . . . . **$6,000 to $21,000**
Associates . . . . . **$15,000 to $30,000**
Bachelor's . . . . . **$17,000 to $32,000**
Master's . . . . . **$17,000 to $32,000**

**It is essential you meet the total yearly estimates of expenses in your accounts at all times to maintain your status in the United States. Yearly updates of your financial status is required for review.

**Please note that the above amounts represent a conservative estimate of New York living costs. Many students will require additional funds. It is anticipated that all costs will increase by 3–5% each year. Please take this into account when completing the following forms.

Declaration and Certification of Finances

Documentation of Support: Documentation of financial support must be sent directly to the Office of International Services at the New York College of Health Professions. Provide as much complete documentation as possible. If additional documentation is required, we will contact you, and you may send it later. Note: A Certificate of Eligibility will be issued only after all required documentation to meet the minimum financial support requirement has been received and approved by the Office of International Services. Complete this form and email it directly to the Office of International Services at OIS@nycollege.edu along with your Request for Certificate of Eligibility (pages 1-3).

Support Requirements for Students:
ALL STUDENTS: Financial support must be documented to guarantee the first year and must be documented to project where support will come from in future years of study.
NEW STUDENTS: Master's students must provide documentation of financial support to cover a minimum of the first two years of study.
CONTINUING STUDENTS: Minimum period of support must be discussed with an International Student Counselor in the Office of International Services at the College

***IF YOU ARE APPLYING FOR A U.S. ENTRY VISA:**
Please email scanned copies of your financial support documentation to the Office of International Services at OIS@nycollege.edu. **You will bring the original documentation to present at the U.S. Consulate for your visa application.**

All Amounts in U.S. Dollars

SOURCES OF FINANCIAL SUPPORT	Guaranteed Support Year 1	Projected Estimated Support Year 2	Year 3	Year 4
1. Government or Other Institutional Support (if any) Provide an Official Award/Financial Letter Name of Institution:_____ Type of Award:_____	$ _____	$ _____	$ _____	$ _____
2. Personal Sponsor—Family or Other Individual other than you Sponsor must provide properly completed **Affidavit of Support** form (page 5) and official bank statement(s) and income documents. Name of Sponsor(s):_____	$ _____	$ _____	$ _____	$ _____
Name of Sponsor(s):_____	$ _____	$ _____	$ _____	$ _____
Name of Sponsor(s):_____	$ _____	$ _____	$ _____	$ _____
4. Student's Personal Funds Student must provide official bank statement(s) and income documents. Amounts available must indicate sufficient **availability of funds into the future.** Source(s):_____	$ _____	$ _____	$ _____	$ _____
Source(s):_____	$ _____	$ _____	$ _____	$ _____
Source(s):_____	$ _____	$ _____	$ _____	$ _____
TOTALS	$ _____	$ _____	$ _____	$ _____

Your Certificate of Eligibility cannot be issued until all requirements of financial support documentation have been met.

By signing this form, I certify that the information supplied above is, to the best of my knowledge, a correct statement of my finances for my studies at the New York College of Health Professions.

Please Sign Here: _____ Todays Date: _____

Print Name Here: _____

Affidavit of Support Print one for each sponsor

PLEASE READ AND UNDERSTAND THIS ENTIRE AFFIDAVIT BEFORE COMPLETING.

This affidavit is **for an individual** using his/her own **income and savings** to **provide the student with financial support**.
Items #1–4 must be completed by all sponsors. Items #5 & 6 must be completed by sponsors providing a student with cash support.

SPONSOR INFORMATION – (must be completed by all sponsors)

1) I,_____, citizen of _____

living at _____
(street address) (city, state/province) (country) (postal code)

2) **IMMEDIATE CASH SUPPORT: Provide bank statements showing the most recent two months of transactions. NOTE: Bank statements only verify the immediate availability of funds. A bank statement by itself will not show the ability to provide continuing support.**

have current available money (checking or savings) of $(U.S.)_____with _____
(name of bank)

located at_____.
(full address of bank)

3) **PROJECTED FUTURE SUPPORT: Provide letter in English confirming current employment and annual income. Retired or self-employed sponsors must provide appropriate documentation of annual income. NOTE: Annual income is the only documentation that can verify your ability to support the student in the future.**

In addition, I certify that I am employed as_____with _____
(job title) (name of employer)

located at _____. I receive an annual income of $(U.S.) _____
(full address of employer)

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

CASH SUPPORT INFORMATION – (must be completed by sponsors providing cash support)

Note: Total annual income and total annual expenses will be evaluated to determine sponsor's ability to support the student. NOTE: Bank accounts alone are not sufficient to verify continuing support.

5) I certify that I am the student's_____and that I am able to and do commit to provide _____
(relationship to student) (name of student)

6) with an annual cash amount of $(U.S.)_____to meet his/her expenses each year during study at the New York College of Health Professions until_____/_____.
month year

ROOM AND BOARD SUPPORT INFORMATION – (must be completed only if the student will live permanently in the sponsor's home in the United States)

Note: The value of this support should not be included in #6 above. Please submit a copy of proof of home ownership or a lease agreement.

7) I certify that I will provide _____
(name of student)

☐ **free room** in my home as listed above in #1 **OR**
☐ **free room and meals** in my home as listed above in #1
while the student follows a program of study at the New York College of Health professions.

STUDENT'S DEPENDENT SUPPORT INFORMATION – (must be completed by a sponsor providing support for the student's dependents in addition to amounts in #6)

8) I certify that I am able and do commit to provide support for the following individuals who will accompany _____
(name of student)

to the United States as his/her dependents.

_____with a minimum of $(U.S.) 7,000 for student's spouse per academic year.
(name of spouse as in passport)

_____with a minimum of $(U.S.) 5,120 for each minor child per academic year.
(name of each minor child as in passport)

_____with a minimum of $(U.S.) 5,120 for each minor child per academic year.
(name of each minor child as in passport) – use an additional sheet if more children.

Total support for all dependents will be $(U.S.)_____each academic year until_____/_____.
month year

VERIFICATION OF SPONSOR'S SIGNATURE This Affidavit must be signed in the presence of a notarizing or verifying official.
(Notary or other official who knows the sponsor and can identify the sponsor's signature).

I affirm that the contents of this affidavit signed by me are true and correct, and I authorize the release of the documentation presented to the student and/or U.S. government official if requested.

_____ _____ _____
(name of sponsor signing this affidavit) (signature of sponsor) (date)

_____ _____ _____
(printed name and title of official verifying the sponsor's signature) (signature of official) (date)