

LIU Post

720 Northern Blvd.
 Brookville, N.Y. 11548-1300 U.S.A.
 post-international@liu.edu
 www.liu.edu/post/international

**LIU Brooklyn**

1 University Plaza
 Brooklyn, N.Y. 11201-8423 U.S.A.
 admissions@brooklyn.liu.edu
 www.liu.edu/Brooklyn/Admissions/International

FORM I-20 APPLICATION - 2018/2019 Academic Year

Please type in the fields, complete all sections and return application, LIU affidavit of support, and required documents to the LIU campus you plan to attend. Scanned originals can be emailed to your admissions counselor. Incomplete information or lack of supporting documentation will delay issuance of Form I-20 until all documentation is received: it will be mailed to you by air courier. This school is authorized under Federal law to enroll nonimmigrant alien students.

SECTION I: PERSONAL INFORMATION

Use name in passport (you must attach a photocopy of your passport identification page(s) to this application).

| | | |
|---|--|---|
| Last/Family/Surname | First/Given | Middle |
| Country of Citizenship | Country of Birth | Date of Birth (MM/DD/YY) |
| I have been accepted and plan to attend: <input type="checkbox"/> LIU Brooklyn <input type="checkbox"/> LIU Post | | |
| Academic Degree Program | Level of Study (Undergraduate or Graduate) | LIU Student ID#: 100_____ |
| Personal Email (Required) | Telephone Number (Required) | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |

In order to issue your Form I-20, you must indicate your permanent international address below.
Permanent International Address in your home country (**Required**: this **cannot** be a P.O. Box, Agent or U.S. Address)

House Number and Street Address

| | | | |
|------|----------------|---------|-------------|
| City | State/Province | Country | Postal Code |
|------|----------------|---------|-------------|

U.S. Home Address (Required if you transfer your I-20 from another institution in U.S. or a current LIU student):

House Number and Street Address

| | | | |
|------|----------------|---------|-------------|
| City | State/Province | Country | Postal Code |
|------|----------------|---------|-------------|

I prefer to have my I-20 mailed to: Permanent International U.S. Home Address Pickup (LIU POST ONLY)

LIU POST APPLICANTS ONLY (complete on if choosing pickup option above)

Please hold my I-20 for in person pickup at LIU Post, 720 Northern Blvd., Brookville, N.Y. (Photo ID will be required)

Name of person who will pick up the I-20: _____ Date of Birth: _____

Phone Number: _____ Email: _____

SECTION II: REASON FOR I-20 REQUEST

1. Purpose of your requested I-20 (check one):

- Initial I-20 (1st time U.S. school) Transfer from U.S.A. school Change Education Level
 Reinstatement Travel & Re-entry Addition of Dependent I-20 Extension
 Change of Status by travel outside the U.S.A. Change of Status by application in U.S.

2. Are you currently in the U.S.?

- Yes No

1a. If yes, what is your **current** visa type? _____

3. Are you currently studying under an F-1 visa and transferring to LIU?

- Yes No

2a. If yes, what is your SEVIS ID#? N _____

2b. If yes, is your I-20 currently in active status? Yes No

If no, please list a reason: _____

4. If you are transferring from another U.S. Institution, you must submit a copy of your current I-20 and LIU's F-1 Transfer-In Form Application (separate form located at link below).

For LIU Post: www.liu.edu/Post/Admissions/Forms

For LIU Brooklyn: www.liu.edu/Brooklyn/Admissions/Forms

SECTION III: DEPENDENT INFORMATION

Will your spouse or child accompany you to LIU? Yes No Does not apply

If yes, please attach copies of passport(s) and/or translated marriage certificate for all listed below.

| | Name (First Last) | Gender (M/F) | Date of Birth (MM/DD/YY) | Country of Birth | Country of Citizenship | Cost |
|---------|-------------------|--------------|--------------------------|------------------|------------------------|----------|
| Spouse | | | | | | +\$8,000 |
| 1 Child | | | | | | +\$5,500 |
| 2 Child | | | | | | +\$5,500 |

SECTION IV: FINANCIAL SUPPORT WORKSHEET

NOTE: not all the types of proof of income may apply to you. *If they do not apply to you, please fill in the amount as \$0*

| CERTIFICATION OF FUNDS | |
|---|--|
| Proof of Income | Amount of Funds Available for EACH Year of Study |
| Personal Funds | + |
| Family or Individual Sponsors | + |
| Organizational Sponsorship | + |
| LIU Awards/Scholarships (submit a copy) | + |
| Dependents (if applicable) | + |
| TOTAL | = |

I certify that the information given is an accurate and true statement of my arrangements for financing my studies at Long Island University. I also acknowledge that LIU requires all F-1 students to subscribe to mandatory health insurance. I am responsible to waive the health insurance fee *by the waiver deadline* if I have another acceptable form of insurance.

By signing below, I certify that I, the applicant, have completed this form.

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____ Student ID: 100 _____

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FORM I-20 AFFIDAVIT OF SUPPORT

This document must be completed by **each** family member or other individual(s) listed on bank statement(s).

Print additional pages if necessary. It is highly recommended that some or all funding come from your home country and immediate family support is preferable to friends or distant relatives.

Student ID#: 100 _____

SPONSOR #1:

I hereby certify that I am able and willing and promise (print name of student) _____

A total of U.S. \$ _____ for tuition, fees and living expenses **during each year** of study at LIU.

Evidence of my current financial resources accompanies this affidavit.

Signature

Date (mm/dd/yyyy)

Print Name (Given and Family Name)

Relationship to Student (Father, Mother, Cousin, Friend)

Permanent Residential Address (Required: this cannot be a P.O. Box address)

SPONSOR #2 (if necessary):

I hereby certify that I am able and willing and promise (print name of student) _____

A total of U.S. \$ _____ for tuition, fees, and living expenses during each year of study at LIU.

Evidence of my current financial resources accompanies this affidavit.

Signature

Date (mm/dd/yyyy):

Print Name (Given and Family Name)

Relationship to Student (Father, Mother, Cousin, Friend)

Permanent Residential Address (Required: this cannot be a P.O. Box address)