

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)	+
Free Room and Board (if applicable, \$12,600)	+
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 _____



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)