



### FORM I-20 APPLICATION - 2020/2021 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)
_____		
<b>I have been accepted and plan to attend:</b>	<input type="checkbox"/> LIU Brooklyn	<input type="checkbox"/> LIU Post
_____		LIU Student ID#: 100 _____
Academic Degree Program	Level of Study (Undergraduate or Graduate)	
_____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Personal Email (Required)	Telephone Number (Required)	
_____	_____	

**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

**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 (1<sup>st</sup> 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](http://www.liu.edu/Post/Admissions/Forms)

**For LIU Brooklyn:** [www.liu.edu/Brooklyn/Admissions/Forms](http://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						+\$8,128
1 Child						+\$5,588
2 Child						+\$5,588

**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)	+
<b>TOTAL</b>	=

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 \_\_\_\_\_

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



LONG ISLAND UNIVERSITY

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

### 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)  
\_\_\_\_\_  
\_\_\_\_\_