

MERCY COLLEGE
INTERNATIONAL STUDENTS OFFICE

Phone: 914-674-7284

Fax: 914-674-7633

E-mail: sguisuraga@mercy.edu

I-20 ELIGIBILITY FORM

PART I: Personal Information

Name in Passport

Family (Surname)

First (Given)

Home Address (outside the U.S.)

Number and Street

City

State

Zip Code

Country

Prospective Address in the
United States

Number and Street

City

State

Zip Code

Country

Date of Birth: Month ___ Day ___ Year ___

Male

Female

Country of Birth _____

Country of Citizenship _____

Unmarried

Married

Please complete the following information about your spouse and/or child (children) who will come with you:

Name (family, first) Date of Birth

Country of Birth/Citizenship

Relationship to You

Name (family, first) Date of Birth

Country of Birth/Citizenship

Relationship to You

Telephone _____ Fax _____ E-mail _____

What level of education will you be pursuing? _____
Associate's, Bachelor's, Master's

What will your major be? _____ Semester/Term _____

Have you been notified of your admission to our school? Yes

No

Please note that your Form I-20 cannot be issued until you are accepted.

**PART II: If you are in the United States, now, complete this section.
If, not, go on to Part III.**

What is your DHS Admission Number? _____ This is found on your Form I-94
Departure Record (the white card) stapled in your passport opposite your visa.

What is your Immigration Status?

F-1 Circle one of the following that indicates what your I-20 is for: (1) transferring/changing U.S. Schools;
(2) Changing educational level/program at Mercy College; (3) Reinstatement of F-1 Status

Another status. Which one? _____ Before we issue your Form I-20, we
want to advise you. Please make an appointment to see the international student advisor.

Do you plan to travel outside the U.S. before school starts?

- Yes** Tell us how you would like to get your I-20 in Part IV.

- No** If you are F-1, you will receive school transfer or other instructions. IF
you hold another status, we will issue your I-20 after we have met with
you.

U.S. Address _____
Number and Street

City State/Province Zip Code Country

PART III: STATEMENT OF FINANCIAL SUPPORT

How will you support yourself for every year of your program of study? Please check off your means of support below and indicate how much will be provided or available to you every year:

***Note: Check Mercy College website and/or catalogs (Undergraduate or Graduate) for tuition and fees. The current estimated living expenses in New York State are \$13,000 per year.**

<i>Sources of support:</i>	<i>Annual Amount:</i>
<input type="checkbox"/> Personal Funds - The amount available to me from my own resources every year is (divide by number of years in your program) _____	_____
<input type="checkbox"/> Funds from this school renewable every year Type _____	_____
<input type="checkbox"/> Cash funds from a Sponsor to be given to me every year. Sponsor's name _____	_____
<input type="checkbox"/> Cash funds from a second Sponsor to be given to me every year. Sponsor's name _____	_____
<input type="checkbox"/> Cash funds from a third Sponsor to be given to me every year. Sponsor's name _____	_____
<input type="checkbox"/> Free Room and Board from a local sponsor with whom I will live. Sponsor's name _____	_____

Total amount available to me every year of study

This amount must be the same or more than your minimum annual costs.

The following documents must be enclosed to prove a student's financial responsibility:

My personal documents:

- Bank Statement*
- Proof of Income*

Funds from this School:

- Award Letter*
- Copy of Contract*

Cash Sponsor's documents:

(all three documents MUST be attached)

- Notarized Affidavit of Support*
- Proof of Income*
- Bank Statement*

Free Room and Board Sponsor's Documents

(attach all three documents)

- Notarized Affidavit of Support*
- Proof of Income*
- Lease, deed, rent receipts*
(this is the proof of residence)

PART IV: How do you want to get your I-20?

Mail Your Form I-20 will be sent via express airmail to the name and address you indicate in the address box.

PRINT YOUR NAME AND ADDRESS EXACTLY AS IT SHOULD APPEAR ON THE ENVELOPE.

Name	

Number/Street	

City	

State/Province	Zip Code

Country	Phone Number

HOLD FOR PICK-UP by _____
Name Relationship to Student

Phone Number