



THE COLLEGE OF NEW ROCHELLE

OFFICE OF ADMISSION

29 Castle Place, New Rochelle, NY 10805

www.cnr.edu

international@cnr.edu

(914) 654-5452

I-20 Request Form

PERSONAL INFORMATION

Please print your full name exactly as it appears on your passport or birth certificate. We cannot issue your immigration document (I-20) until we receive this form from you. Please complete the form and attach all required documents. Return the form with your admissions application.

Applicant's name* _____
Last (family name) *First* *Middle*

Date of birth* _____ Gender: _____
Month/day/year *Male/Female*

City of Birth _____

Country of birth* _____

Country of citizenship* _____

Country of legal permanent residence* _____

Email _____ Telephone _____ Fax _____

Address* (NOTE: This is required information, even if you are currently living in the US) _____

Current occupation (i.e., graduate student, researcher, etc.) _____

To which address would you like your I-20 mailed? (if different from above) _____

Student Type (please circle): Undergraduate Graduate



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Immigration Information

What type of immigration document are you requesting from CNR? I-20 (F-1 status)

Please attach a copy of your passport identification page or if your passport is unavailable, a copy of your birth certificate.

Are you currently in the United States? Yes* No

*Please attach a copy of your current immigration document (Form I-20) and I-94 card.

If yes:

1. What is your current immigration status? F-1 J-1

Other: _____

2. If currently in F-1 or J-1 status, please list school or university you are attending: _____

Dependants

If your family will accompany you, you must show evidence of an additional U.S. \$5,000 per year for your spouse and U.S. \$5,000 for each child. For each dependent, please attach a copy of passport identification page or birth certificate.

- Please complete: I plan to come alone.
 I plan to bring the following dependents who will enter the United States with me. (Complete below.)
 The following dependents are currently with me in the United States and will remain with me.

Name _____
Last (family name) First Middle

Date of birth _____

Country of citizenship _____

City and country of birth _____

Country of legal permanent residence _____

Name _____
Last (family name) First Middle

Date of birth _____

Country of citizenship _____

City and country of birth _____

Country of legal permanent residence _____

(Please continue on separate sheet if needed.) Spouse Child

- You must demonstrate that you have sufficient funds available for your academic and living expenses.
- You or your sponsor will be responsible for all payments according to scheduled CNR payment dates for each semester.



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Funding

All students requesting a I-20 from CNR must provide proof of sufficient funding for academic and living expenses as well as health insurance. You or your designated sponsor will be responsible for all scheduled payments to CNR. Note that official and original financial documentation is required prior to issuing the I-20. Documents that show students are potential candidates for scholarships are not acceptable. If your sponsor is paying your tuition, fees, room and/or board, your sponsor's billing authorization for payment must be unconditionally guaranteed and a copy of the billing authorization, which should include your student V number, must be provided by the student to the Student Accounting Department each semester. Payment is due by the due date indicated on the bill from the Student Accounting Department. The student is ultimately responsible for payment, should the sponsor default on their payment.

CNR is required to review all financial documentation prior to issuance of an I-20. Sufficient funding must be shown for the first year of study. The estimate of expenses on the CNR I-20 is an approximation, and it is the student's responsibility to examine all expenses for their program of study by viewing the CNR website.

Estimated costs are as follows for the 2016-2017 academic year (note that actual costs may vary by program and student lifestyle and do not include summer tuition and fees). The CNR Board of Visitors meets each May and reserves the right to change any and all tuition and fees. Funding source amounts listed are per year in U.S. dollars.

	UNDERGRADUATE*	GRADUATE**
Tuition/general fee/graduation fee	\$35,337	\$17,692
Living expenses (inc. books, insurance, lodging)	\$13,208	\$13,208
Other	\$ 3,500	\$ 3,500
Total estimate:	\$52,045	\$33,400
	<i>*Based on 12 Undergraduate credits</i>	<i>**Based on 9 Graduate credits</i>

Official financial documents are required. These include:

- An official scholarship letter from a valid sponsoring agency indicating a scholarship has been granted on the student's behalf to study at CNR.
- Official bank statements (checking, savings, certificates or deposit, or money market accounts only). Real estate or property, corporate assets, insurance, or salary letters are not acceptable. All official documents should be dated within 3 months.

TYPE	AMOUNT
<input type="checkbox"/> Personal funding	_____
<input type="checkbox"/> funding from parent or individual sponsor	_____
<input type="checkbox"/> Funding assistance from CNR	_____
<input type="checkbox"/> Government sponsor	_____
<input type="checkbox"/> Private organization/employer	_____
<input type="checkbox"/> Other (please specify)	_____
TOTAL	_____

Applicant: I certify that the information provided is correct and complete. I will be responsible for adhering to all university tuition, fees, room and board, and health insurance payment schedules, including providing The College of New Rochelle with Financial Guarantees in schedule with university policy. I also understand that I must keep a current active U. S. mailing address on file with the Office of Records and Registration and check my CNR official email on a frequent basis.

Signature of applicant *Date* *Last name (printed)* *First name* *MI*

Parent/sponsor: I certify that I have read the information provided by the applicant on this form, and it is true, accurate and complete to the best of my knowledge, and that the funding is available as noted.

Signature of parent/sponsor *Date* *Last name (printed)* *First name* *MI*

Relationship to applicant *Address*