



Fairfield University Office of International Education

Dolan House | 1073 North Benson Road | Fairfield, CT 06824 | (203)-254-4332 | e-mail: intlprog@fairfield.edu

FORM I-20/DS-2019 APPLICATION

STUDENT INFORMATION

Name (Exactly as it appears in your passport)

FAMILY (SURNAME)	FIRST (GIVEN)	MIDDLE
International Address (Not PO Box)		U.S. Address (if currently residing in the U.S.)
<hr/>		<hr/>
<hr/>		<hr/>
<hr/>		<hr/>
Phone <hr/>	Email <hr/>	
Country of Citizenship <hr/>	Date of Birth Month <hr/> Day <hr/> Year <hr/>	
Country of Permanent Residence <hr/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Birth <hr/>		
Intended Dates of Attendance From <hr/> To <hr/>		
Have you been notified of your admission to Fairfield University? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What level of education will you pursue? <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MBA <input type="checkbox"/> MFA <input type="checkbox"/> DNP <input type="checkbox"/> Other		
What will be your program of study? <hr/>		
Have you ever held J-1 status of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REQUESTED IMMIGRATION DOCUMENT

☐ F-1

☐ J-1

☐ **Initial Attendance:** Entry from outside the U.S. to begin a new program at Fairfield University

☐ **Immigration Transfer of active SEVIS record:** Current institution:

SEVIS Release Date:

 DSO/Advisor's Name:

Advisor's Phone:

 Email:

Current SEVIS ID Number:

☐ **Change Immigration Status to F-1 or J-1** Currently maintaining another non-immigrant status within the U.S.

(Please make an appointment for advising):

Current Immigration Status:

 Valid until:

 Change by: ☐ Travel ☐ Application to USCIS

DEPENDENTS

Provide the following information about your spouse and/or child/children **ONLY** if they will come with you to the U.S. Attach passport copy for each dependent.

NAME (FAMILY, GIVEN)	DATE OF BIRTH	COUNTRY OF BIRTH	RELATIONSHIP TO YOU
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

PROOF OF FINANCIAL SUPPORT

Original documentation of finances must be provided in English or with translation. Funds do not have to be in U.S. dollars.

Sources of Support:

Personal Funds: \$ _____
Family Funds: \$ _____
Home Government: \$ _____
Sponsor(provide Affidavit of Support): \$ _____
Anticipated University Funding: \$ _____

Total: \$ _____

I certify to the best of my knowledge this information is true and correct. I understand that issuance of a Form I-20/DS-2019 will depend upon my ability to provide sufficient financial proof of support for my studies at Fairfield University. I understand that it is my responsibility to acquire all required paperwork to enter the United States to study, and that the maintenance of my lawful status in the U.S. is my responsibility.

DELIVERY INSTRUCTIONS

How would you like us to deliver your Form I-20/DS-2019?

☐ Mail to international address

☐ Mail to U.S. Address

☐ Hold for Pick-

Submit completed form and supporting documents to the Office of International Programs

For University Use Only

Academic Program:

Division: _____

Major/Program: _____

Start Date: ____/____/____ Completion Date: ____/____/____

Degree Level: ☐ Bachelors ☐ Masters ☐ Doctoral ☐ Visiting Student

Annual Expenses:

Program Total: \$ _____

Dependent Expenses: \$ _____

Financial Support:

Total Fairfield Support: \$ _____

Scholarship

Assistantship

Other

Total Non-Fairfield Support (Sponsor and personal funds):

\$ _____

Total Expenses: \$ _____ = / < Total Support: \$ _____

Certification: This student is fully admitted to the degree program identified above and has shown sufficient evidence of financial responsibility for the intended study.

Completed By: _____ Date: _____