



## Office of the University Registrar and International Services

65 Bergen Street, Room GA 72, Newark, NJ 07101-1709

Phone: 973-972-6138 Fax: 973-972-8260

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### F-1 Student Request for Certificate of Eligibility - Form I-20

**What is a Certificate of Eligibility (Form I-20)?** The form I-20 is a U.S. government document issued for the purpose of obtaining an F-1 visa to enter the U.S. under the F-1 status. It certifies that you: 1) are a bona fide student; 2) have met all of our admissions requirements; 3) will pursue full-time studies at UMDNJ; and 4) have proven to us that you have sufficient funds to study and live in the United States without working unlawfully.

**Who needs a form I-20?** Not all foreign students need to obtain a form I-20 in order to study at UMDNJ. Only individuals wishing to enroll under the F-1 status need to apply for a form I-20. If you are maintaining another nonimmigrant status in the United States (except B-1/B-2 and F-2), you do not need an I-20 and may attend school full-time or part-time. Individuals who are currently in the U.S. under the B-1/B-2 or F-2 status and who wish to pursue a course of studies in the U.S. must first obtain a form I-20 and apply to U.S. Citizenship & Immigration Services for a change of status to F-1. Dependent children in E, F, H, I, J, L, M, N, O, P, R or S status need to change status upon reaching their 21st birthday or if they marry. Any change of status questions should be addressed to the International Services office (IS) at 973-972-6138.

#### Eligibility requirements

You must meet the following criteria in order to be eligible for the form I-20:

1. You must be accepted to UMDNJ for enrollment in a course of study as a full-time student.
2. You must provide documentation proving that you have the financial ability to support your living and studying expenses for the full length of your program. As an international student you cannot expect to cover the cost of attending school through employment. It is important that you carefully review the estimated annual financial requirements listed on this form. This will give you an idea of what are the minimum requirements to pursue an education in the U.S. at UMDNJ.
3. You must complete the Request for Certificate of Eligibility and return it to the IS together with the required supporting documentation. This form must be returned to the following address:

**UMDNJ - Office of the University Registrar & International Services**  
**65 Bergen Street, Room GA-72**  
**Newark, NJ 07101**

**Now that you have decided to become a student in the U.S., there are TWO things that you should not do:**

1. **Do not enter the United States with a B-1 or B-2 visa unless it is marked "Prospective Student".**  
Since you have already contacted UMDNJ in regards to becoming a student, entering the U.S. as a B-1 or B-2 would be considered "visa fraud". Pursuing a course of studies in the U.S. as a B visitor is prohibited by federal regulations and would put you in violation of status. If your intent is to enter the U.S. in order to get information about American schools, you must explain this to the consular officer during your visa interview and ask for a "prospective student" visa.
2. **Do not enter the United States without a visa, unless you are a Canadian citizen.**  
If you are from a country that participates in the visa waiver program, which permits you to enter the US with only a round-trip ticket, do not do this. If you enter without a visa, you will be permitted to stay in the U.S. for only ninety (90) days. You will not be eligible for an extension of stay or allowed to change to student status. You will be required to return home and reenter the U.S. under the appropriate non-immigrant classification.

## SUPPORTING DOCUMENTATION CHECKLIST

**Part I.** the following documents must accompany **EVERY** application for the form I-20:

- Photocopy of the acceptance letter to a UMDNJ program
- Photocopy of the biodata page from the applicant's passport
- Completed Statement of Financial Ability worksheet
- Photocopy of your award letter, if program is funded by UMDNJ
- Proof of adequate funding for your **entire** program. The first year must be liquid funds, (readily converted to cash)
- Photocopy of the biodata page from the dependent's passport (if applicable)

If you are supported by a private sponsor, submit a completed Affidavit of Support accompanied by:

- A statement from a bank or other financial institution stating the date the account was opened, total amount deposited for the past year, and present balance, **AND**
- A letter from the sponsor's employer on business stationery stating annual salary **OR**
- Photocopy of tax returns

If you are sponsored by an organization or home government you must provide:

- An award letter indicating the amount awarded and the duration of the award

If you are provided room and board by a private sponsor, a completed Affidavit of Free Room & Board accompanied by:

- Photocopy of a deed or lease in sponsor's name **OR**
- Photocopy of income tax forms in which the residence is reported

### PLEASE NOTE:

- Documents must be **dated three (3) months or less** prior to submitting the application for the Form I-20.
- All documents must be in English or with an official English translation.
- You may submit photocopies of your documents. It is very likely that the interviewing officer at the consulate will request original documents.
- The sponsor's affidavit of support must be notarized, that is, signed by the sponsor in the presence of a notary public. The notary public must sign, and place his/her seal on the affidavit. There are notaries in all countries although you may know them by a different name. These are officials licensed by the national or regional government to take sworn statements for courts of law or to witness contracts and property deeds. You will also find notaries in all U.S. embassies and consulates. In the U.S., most neighborhood pharmacists, lawyers, banks and accountants are notaries.

**Part II.** If this is an application for **change of status to F-1**, you must submit the documentation listed in Part I, in addition to the following:

- A completed form I-539 with a fee of \$300 payable to the U.S Citizenship and Immigration Services. This form can be downloaded from the IS website
- A Letter of Intent stating the reason for the status change
- Photocopy of applicant's current immigration documents (ex. H approval, DS-2019, F2 dependent I-20, etc)
- Photocopy of dependent's current immigration documents, if applicable (ex. H approval, DS-2019, F2 dependent I-20, etc)
- Photocopies of the applicant's and the dependent's previously issued DS-2019 and/or I-20 forms and EAD cards

continued on next page

**Part III.** If this is an application for a **program extension**, you must submit the documentation listed in Part I, in addition to the following:

- Letter from your Program Director, Registrar or Academic Advisor stating your name and student ID number, anticipated date of completion, and a detailed explanation of why you are unable to complete your degree on time and need an extension
- Photocopy of all previously issued I-20 forms
- Photocopy of the dependent's all previously issued I-20 forms, if applicable
- Photocopy of the applicant's most current I-94 card and that of his/her dependents, if applicable

**Part IV.** If this is an application for **transfer of F-1 status from another institution**, you must submit the documentation listed in Part I, In addition to the following:

- Photocopy of the applicant and dependent's all previously issued I-20 forms
- Photocopy of the applicant's most current I-94 card and that of his/her dependents, if applicable
- Completed transfer recommendation form (page 9 of the application) signed by the Designated School Official at your current/previous institution

**FEE STRUCTURE:**

- Initial I-20 NO FEE
- Extension of current F-1 status at UMDNJ NO FEE
- Transfer of the F-1 status from another institution NO FEE
- Change of status (currently in the U.S. under a different non-immigrant status) \$300

Checks are to be made payable to: **U.S. Citizenship & Immigration Service.**

**FAILURE TO SUBMIT ALL OF THE REQUESTED DOCUMENTATION WILL RESULT IN THE DELAY OF YOUR REQUEST.**

**BREAKDOWN OF EXPENSES**

**LIVING EXPENSES**

	<b>ROOM &amp; BOARD</b>	<b>TRANSPORTATION</b>	<b>PERSONAL EXPENSES</b>	<b>TOTAL</b>
<b>All campuses</b>	\$13,368	\$3,324	\$3,000	\$19,692

**HEALTH INSURANCE EXPENSE**

<b>Coverage through UMDNJ</b>	<b>2007-2008</b>
<b>All campuses</b>	\$1,821

**University of Medicine and Dentistry of New Jersey**  
**F-1 Student Request for Certificate of Eligibility (Form I-20)**

This form must be submitted to International Services for all students wishing to obtain F-1 status. Please complete ALL sections of this form. Please type or print CLEARLY.

Term to begin at UMDNJ:  Spring 2008  Summer 2008  Fall 2008 UMDNJ ID#

UMDNJ campus:  School:  Degree level:

Major

**A. STUDENT'S PERSONAL DATA**

Family name  First name  Middle name

Male  Female  Single  Married Date of birth

**Place of birth (Province, Prefecture, Township, District, etc. may be used where local custom or regulation requires it.)**

Province/City  Country

Country of legal permanent residence  Country of citizenship

**Permanent address abroad:**

Street name and number  Apt. number

Province  City  Postal Code  Country

**Telephone numbers abroad**

Home  Work  email address

**Complete this section only if you are currently in the U.S.**

What is your immigration status?  Status expiration date:  Do you wish to retain this status?  
 Yes  No

Date of last entry into the U.S.  I-94 card #

Passport #  Passport expiration date

Do you plan to travel outside the U.S. prior to starting classes at UMDNJ? If yes, give dates.  No  Yes Dates: From  to

**Current U.S. address:**

Street name and number  Apt. number

City  State  Zip Code

Telephone number  email address

**B. DEPENDENT'S INFORMATION**

If your spouse or children require F-2 visas, please submit copies of the biodata pages from their passports. F-2 individuals wishing to enroll in a program of studies at UMDNJ must first obtain F-1 status.

**Dependent #1**

Dependent is accompanying student **OR**  Dependent will follow student at a later date Estimated date of arrival

Family name  Given name  Middle name

Male  Female Date of birth  City/Country of birth

Country of legal permanent residence  Country of citizenship

Relationship to the student:  Spouse  Son  Daughter  Other (specify)

Have you ever held any other non-immigrant status in the U.S.? If yes, provide the dates and a photocopy of the status and I-94 card.

No  Yes If yes, which status  Dates: from  to:

**Dependent #2**

Dependent is accompanying student **OR**  Dependent will follow student at a later date Estimated date of arrival

Family name  Given name  Middle name

Male  Female Date of birth  City/Country of birth

Country of legal permanent residence  Country of citizenship

Relationship to the student:  Spouse  Son  Daughter  Other (specify)

Have you ever held any other non-immigrant status in the U.S.? If yes, provide the dates and a photocopy of the status and I-94 card.

No  Yes If yes, which status  Dates: from  to:

**Attach additional page for other family members, if necessary**

**Address to mail the Form I-20:**

Name  Telephone

Address

Province  City  Postal Code  Country

**Please sign and date where indicated:**

Print name  Signature

Date:

# STATEMENT OF FINANCIAL ABILITY

(Worksheet to be completed by the student)

**Minimum funding requirements:** All international students wishing to enroll at UMDNJ under the F-1 status must submit proof that they have the necessary financial resources to cover **each year of study in the U.S.**

Instructions for proving financial ability:

1. **Complete the worksheet for program expenses.** All amounts should be in US. dollars
2. A sponsor may be a member of your family, a friend, or an organization. The "**Sponsor's Affidavit**" must be submitted by each private sponsor. Please photocopy the form. if necessary, and give to each of your sponsors.
3. The cash value of free room and board is \$13,368 for all campuses.
4. **Provide the specified documentary evidence for each source of support that you list.**  
Documents must be dated three (3) months or less prior to submitting the application for the I-20.

## Worksheet for calculating program expenses:

To complete this section, first reference [http://www.umdj.edu/studentfinancialaid/app\\_lproves/stu\\_budgets.htm](http://www.umdj.edu/studentfinancialaid/app_lproves/stu_budgets.htm) to view your program's expenses.

### Estimates for the 1st year of my program are:

Tuition: (use out-of-state tuition rate)

Fees

Room and board 13,368

Personal 3,000

Transportation 3,324

Health Insurance 1,821

Books & Supplies

Expenses for dependents\*(\*\$5,000 per year for spouse and \$4,000 for children)

Other (specify)

**TOTAL MINIMUM EXPENSES FOR MY PROGRAM FOR THE 1ST YEAR**

**MULTIPLY BY THE LENGTH OF THE PROGRAM (NUMBER OF YEARS)**

**TOTAL PROGRAM EXPENSES**

**The following documents are enclosed as proof of my financial responsibility. (check all that apply)**

#### Personal documents:

- Bank statement
- Employment verification

#### Funds from UMDNJ

- Award letter
- Copy of contract

#### Private sponsor's documents (include all documents listed below):

- Affidavit of support
- Proof of income (letter from employer, pay stubs, tax forms, etc.)
- Bank statement

#### Free room and board sponsor (include all documents listed below):

- Affidavit of free room and board
- Proof of income (pay stubs, tax forms, etc.)
- Proof of residence (lease, deed, rent receipts)

#### Organization or home government

- Award letter

## SPONSOR'S AFFIDAVIT OF FINANCIAL SUPPORT

**NOTE:** Complete this form, have it notarized and mail it with your application and required supporting documents to:

**University of Medicine & Dentistry of New Jersey**  
Office the University Registrar and International Services  
65 Bergen Street, Room Ga-72  
Newark, NJ 07101

I,  hereby certify that I am willing and able to provide  
(full name of student)  with not less than U.S.   
for **each year of study** at the University of Medicine and Dentistry of New Jersey.

My relationship to the student is   
Parent, spouse, brother/sister, friend, etc.

**The following individuals are dependent upon me for their housing, food or financial support. Do not list any adult members of your family who are supporting themselves or the student named above.**

Name	Relationship	Age

**My documentary evidence of financial ability is attached: (Please check which documents you are enclosing)**

- Statement from a bank or other financial institution stating the date the account was opened, total amount deposited for the past year and present balance
- Letter from my employer on business stationery stating my annual salary (must be accompanied by a bank statement)
- Photocopy of tax returns
- Other

### AFFIRMATION OR OATH

**I hereby affirm or swear that the information I have provided above is true and correct:**

Signature of sponsor Printed name of sponsor

**Sworn and subscribed before me this**  **day of**  ,

Signature of Notary Public, Official Witness, Government or Bank official

## SPONSOR'S AFFIDAVIT OF FREE ROOM AND BOARD

**NOTE:** Complete this form, have it notarized and mail it with your application and required supporting documents to:

**University of Medicine & Dentistry of New Jersey**  
Office the University Registrar and International Services  
65 Bergen Street, Room Ga-72  
Newark, NJ 07101

I,  hereby certify that I am willing and able to provide  
(full name of student)  with free housing and meals for **each year of**  
**study** at the University of Medicine and Dentistry of New Jersey.

My relationship to the student is   
Parent, spouse, brother/sister, friend, etc.

### Address of the domicile offered to the student:

Number and street  Apt #   
City  State  Zip code

I  own  rent this property. I will not require any type of service to be performed in exchange for this benefit.

**You must attach a photocopy of a deed or lease in your name, or a photocopy of income tax forms in which the residence is reported.**

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### AFFIRMATION OR OATH

**I hereby affirm or swear that the information I have provided above is true and correct:**

Signature of sponsor Printed name of sponsor

**Sworn and subscribed before me this**  **day of**  ,

Signature of Notary Public, Official Witness, Government or Bank official



School Code: NEW214F00884000



Office of the University Registrar and International Services

65 Bergen Street, Room GA 72, Newark, NJ 07101-1709 \* Phone: 973-972-6138 Fax: 973-972-8260

**TRANSFER RECOMMENDATION FORM**

This form must be completed by individuals who are currently **in the U.S. under the F-1 status**. Please complete the top portion of this form and have your current or most recent International Student Adviser complete the bottom portion. This form must be returned before a student can receive a new I-20 form.

**Part I. To be completed by student (Please print)**

Family name  First name

Term to begin at UMDNJ:  Spring  Summer  Fall Year

I-94 Admission number:  Date of birth

**Permanent foreign address:**

Street name and address   
Province  City  Postal Code  Country

**Current U.S. address:**

Street name and address  Apt. #   
City  State  Zip

Do you plan to travel outside the U.S. in the next 4 months?  Yes  No Dates: From  to:

**Part II. To be completed by Designated School Official (DSO) at previous institution:**

The above mentioned student has requested a transfer of his/her SEVIS record to UMDNJ. Before we can proceed with this request, the following information is required:

SEVIS ID number  SEVIS release date:

Student's last date of attendance?  I-20 expiration date

Level of study at your institution:  High school  Undergraduate  Graduate  Language training

To the best of your knowledge, has the student maintained legal status in the U.S.?  Yes  No

If no, please explain:

Cite any periods of authorized employment  CPT  OPT  Other Dates: from  to:

DSO's printed name:  Title:

School name as it appears in SEVIS:

School address:

Signature:  Tel. #  Date