



FORM I-20 APPLICATION

Please type in the fields, complete all sections and return application, financial statements, affidavit of support, passport copies, and required documents to the International Student Advisor. 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. Upstate Medical University is authorized under Federal law to enroll nonimmigrant alien students. **ALL** sections of this form are required.

SECTION I: PERSONAL INFORMATION

PLEASE ATTACH COLOR COPIES OF YOUR CURRENT VALID PASSPORT INFORMATION PAGE(S)

NAME EXACTLY AS IT APPEARS IN YOUR CURRENT VALID PASSPORT:

Last/Family/Surname	First/Given Name	Middle Name	Suffix
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PREFERRED NAME:

Last/Family/Surname	First/Given Name	Middle Name	Suffix
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Country of Birth: _____ Country of Citizenship: _____

Passport Number: _____ Expiration Date: _____ / _____ / _____
MM DD YYYY

Date of Birth: _____ / _____ / _____ Gender: _____ Male _____ Female
MM DD YYYY

Do you currently have multiple citizenships: _____ Yes _____ No

If yes, what countries: _____

PROGRAM AT UPSTATE: _____ Undergraduate-Professional _____ Graduate-Professional _____ Graduate

MAJOR AT UPSTATE: _____

DEGREE SOUGHT AT UPSTATE: _____

EXPRCTED PROGRAM START DATE: _____ / _____ / _____

EXPECTED PROGRAM COMPLETION DATE: _____ / _____ / _____

AVERAGE NUMBER OF SEMESTERS IN YOUR PROGRAM: _____

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UPSTATE

MEDICAL UNIVERSITY

Upstate ID#: _____ AAMC ID# (Medical Students Only): _____

Personal Email: _____

Telephone Number with Country Code: _____

Permanent international address in your home country (In order to issue your Form I-20, you must indicate your permanent international address below. This address cannot be a Post Office Box, agent, or U.S. address.)

House Number and Street Address

City State/Province/Territory Country Postal Code

U.S. residential address (Required if you transfer your I-20 from another institution in U.S. or a current Upstate student. This address cannot be a Post Office Box, agent, or mailing addresses where you do not physically reside.)

House Number and Street Address

City State Country Zip Code

I prefer to have my I-20 mailed to: Permanent International U.S. Home Address Pickup

COMPLETE IF CHOOSING PICKUP OPTION ABOVE: Please hold my I-20 for in person pickup at: Upstate Medical University, International Student Services (Office of the Registrar), Campus Activities Building Room 203, 155 Elizabeth Blackwell Street, Syracuse, New York, United States of America 13210.

(Photo ID with name and date of birth will be required.)

Please complete the following information regarding the person who will pick up your I-20:

Full name: _____

Date of Birth: ____ / ____ / ____
MM DD YYYY

US Phone Number: _____ Email: _____



SECTION II: REASON FOR I-20 REQUEST

1. Purpose of your requested I-20 (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Initial I-20 (1 st time attending a U.S. school) | <input type="checkbox"/> Transfer from U.S. school | <input type="checkbox"/> Change Education Level |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Travel & Re-entry | <input type="checkbox"/> Addition of Dependent |
| <input type="checkbox"/> I-20 Extension | <input type="checkbox"/> Change of Status | <input type="checkbox"/> Change of Program or Major |

2. Are you currently in the US? Yes No

If yes, what is your current admission number (I-94): _____
Please attach a copy of your current I-94 record.

If yes, what is your current class of admission (visa status): _____

If yes, when does your current status expire: _____ / _____ / _____
MM DD YYYY

OR were you admitted for "Duration of Status" (D/S)? Yes No

3. Are you currently studying under an F-1 visa and transferring to Upstate? Yes No

SEVIS IS#: N _____

If yes, what is the name of the school: _____

If yes, what is address of the school: _____

If yes, are you current in valid active status? Yes No

If no, please list a reason: _____

If you are transferring from another U.S. Institution, you must submit a copy of your current and ALL previous I-20(s) with Upstate's F-1 Transfer-In Form Application.

4. Do you have a US Social Security Number? Yes No

If yes, did you provide this number to Upstate in your application for admission? Yes No



SECTION III: DEPENDENT INFORMATION

Will your dependent spouse or child accompany you to Upstate? ___ Yes ___ No ___ Not applicable

If yes, please attach color copies of their passport(s).

You are required to show that you have \$AMOUNT for the first family member, and \$AMOUNT for each additional family member per year

Relationship to you	Name (Last, First, Middle, Suffix)	Gender (M/F)	Date of Birth (MM/DD/YYYY)	Country of Birth	Country of Citizenship	Cost
					Total	

Cross out or add additional lines as applicable.

SECTION IV: FINANCIAL SUPPORT WORKSHEET

You are required under United States law to show immediate funds to cover your first year in the United States. Additionally, you are required to show sufficient and dependable resources to cover funds for the remainder of your study period.

In addition to tuition and fees, you will need to pay for books, supplies, living expenses, health insurance, miscellaneous expenses, and travel. Plan on a minimum of \$AMOUNT each year (about \$AMOUNT each month) for your living expenses. Indicate your sources of support below. Attach copies of all documents except bank statements which MUST be original. These documents will NOT be returned. All documents must be in English, all amounts in United States Dollars, and all documents must be no less than 3 months old. You will need to show all financial documents to the U.S. Embassy/Consulate when applying for your visa. Please be prepared to also show all financial documents at the port of entry.

Students receiving scholarships/grants from international, U.S., or Upstate sources must provide a copy of award letter. Students receiving a graduate assistantship from Upstate must also provide a copy of this letter.

If necessary to meet financial support requirements, sponsors may be your parents, other relatives, or private organizations. You can be sponsored by more than one source. Each sponsor must provide a bank statement or proof of income (on company letterhead, or copies of income tax returns). Additionally, sponsors MUST provide an affidavit of support which was signed before a notary public or commissioner of deeds in your home country, the U.S., or at a United States Embassy/Consulate.



CERTIFICATION OF FUNDS	
Proof of Income	Amount of Funds Available for EACH Year of Study
Personal Funds	+
Family or Individual Sponsors	+
Organizational Sponsorship/Scholarship	+
Upstate Awards/Scholarships	+
Dependents (<i>if applicable</i>)	+
TOTAL	=

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.*

Did you include ALL financial documents in your admission application materials? Yes No

If not, please forward an original bank statement, proof of income, award letter, and/or affidavit of support to us as soon as possible.

Are you the recipient of an Upstate assistantship? Yes No

If yes, which department? _____

Please describe your plan to fund your additional year(s) of studies in the United States: _____

I certify that the information given is an accurate and true statement of my arrangements for financing my studies at Upstate Medical University. I certify that I am proficient in the English language as described in Upstate Medical University admissions standards. Additionally, I acknowledge that Upstate Medical University requires that all F-1 students 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 US based domestic health insurance.

I have read and agree to comply with the terms and conditions of my admission to SUNY Upstate Medical University. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily and solely for the purpose of pursuing a full course of study at SUNY Upstate Medical University. I also authorize SUNY Upstate Medical University to release any information from my records which is needed by the Department of Homeland Security to determine my nonimmigrant status.

By signing below, I certify that I, the applicant, have accurately and faithfully completed this form.

Signature: _____ Date _____

Print Name: _____