

INITIAL FORM I-20 APPLICATION — GRADUATE

WP International students in need of an F-1 or J-1 student visa must carefully complete this I-20 Application Form and all enclosed documents. The University is required by U.S. Citizenship and Immigration Services (USCIS) to obtain evidence that non-immigrant individuals have adequate financial resources before a Certificate or Eligibility - Form I-20 (F-1 visa) or Form DS-2019 (J-1 visa) may be issued. Note: F-1 students are not eligible for WP Online programs.

INSTRUCTIONS: Type or print clearly. Answer every question to the best of your ability, keeping in mind that William Paterson University financial assistance is not available to international students, unless clearly listed in a student's award package. Be sure to obtain the required signatures and return this form promptly via email to OISS@wpunj.edu. You can submit and deliver this application electronically, and all parties can consider electronic signatures as valid as handwritten, wet signatures.

SECTION 1 – STUDENT INFORMATION & SIGNATURES					
	Personal Info	RMATION			
Family Name:	amily Name: First Name:				
WPUNJ ID:	SE	EVIS ID (if applicable):		
Email Address:	Te	elephone (w/countr	y code):		
Foreign Address (Number and Street, C	City, State/Province, Pos	stal Code, Country	r):		
U.S. Address (Number and Street, City,	State, ZIP Code):				
		T			
Date of Birth:	Country of Birth:		Country of Citizenship:		
(mm/dd/yyyy)					
EMERGENCY CONTACT INFORMATION					
Full Name:	Er	mail Address:			
Home Telephone (w/country code): Work Telephone (w/country code):					
Address (Number and Street, City, State/Province, Postal Code, Country):					
Relationship to You (parent, other relative, family friend, etc):					
SIGNED STATEMENTS					
The statement below must be read and signed by the student and the parent/guardian, if applicable.					

Unsigned or otherwise incomplete forms will be returned to the student without processing.

I/We swear that all information provided herein is complete and accurate to the best of my/our knowledge. I/We understand that financial assistance from William Paterson University is limited to only that which is clearly listed in the student's award package. I/We agree to meet all University tuition and fees, room and board expenses incurred by the named student during his/her duration of study in the United States. Any funds listed within this Application are not designated for and will not be used to support another student in the United States. I/We understand that unsigned or otherwise incomplete forms will be returned to the student without processing.

Student Signature:	Date:
Parent/Guardian Signature (if applicable):	Date:



SECTION 2 – FINANCIAL REQUIREMENTS			
Family Name: First Name:			
WPUNJ ID: SEVIS ID (if applicable):			

Estimated annual expenses for international students enrolled in full-time courses at William Paterson University, effective starting Fall 2022. <u>All dollar amounts are subject to change without notice</u>. Room & Board expenses may be exempted if a notarized *Affidavit of Room & Board* is submitted.

Full-Time Tuition & Fees	\$22,930 USD
Pioneer Award	- \$6,500 USD
Room & Board Expenses (Pioneer Hall & \$1,000 Debit Meal Plan)	\$13,280 USD
Student Health Insurance	\$ 2,611 USD
Books & Supplies	\$ 1,600 USD
Transportation Expenses	\$ 890 USD
Miscellaneous	\$ 2,250 USD
TOTAL ESTIMATED EXPENSES	\$37,061 USD

The University reserves the right to establish these dollar amounts as an estimate for annual expenses that may be incurred while enrolled in full-time course work at the University. Specific academic majors may incur additional fees.

In light of these estimated expenses, please indicate the approximate annual USD contribution amount toward the total of \$37,061 USD by each applicable source:

☐ Applicant's Personal Funds		\$ USD
☐ Family Funds	Name/Relationship:	\$ USD
☐ Sponsor Funds	Name/Relationship:	\$ USD
☐ Another Source*	Name/Relationship:	\$ USD

*Identify any contributions listed under this heading. Outside scholarships and grants must be noted below and be accompanied by a letter from the sponsoring organization indicating the USD value and length of time the award will be granted. Examples include a letter from your country's government or a private organization.

Organization 1	Value	\$ USD
Organization 2	Value	\$ USD
Organization 3	Value	\$ USD

Evidence of financial support must come from liquid assets (savings accounts, certificates of deposit, etc.). Checking accounts and/or commercial accounts will not be accepted as evidence. Please submit original copies on bank letterhead.

Private student loans (or alternative student loans) may be available, based on individual lenders' criteria. Please visit https://www.elmselect.com/v4/school/78/program-select and select <u>International</u> when prompted for current information on available loans to international students. Non-U.S. citizen students enrolled at a U.S. university may be eligible to apply with a creditworthy cosigner who is a U.S. citizen or permanent resident with valid USCIS documentation.

Paying the SEVIS I-901 Fee: U.S. Federal immigration regulations require all prospective F and M visa students to pay the I-901 Student and Exchange Visitor Information System (SEVIS) fee before the Department of State will issue an approved visa. To pay the SEVIS I-901 fee, visit https://www.FMJfee.com for detailed information and instructions.



SECTION 3 – ACCOMPANYING DEPENDENTS			
Family Name: First Name:			
WPUNJ ID: SEVIS ID (if applicable):			

If your spouse and/or children will accompany you to the United States, you will be required to provide additional sponsorship documentation for their support. You will need to certify an <u>additional \$4,500 USD</u> for your spouse and/or an <u>additional \$3,500 USD</u> per dependent child. List all dependents below by name, date of birth, citizenship and passport information below. Attach photocopies of valid passport biographical pages for each dependent. Accompanying dependents who are U.S. citizens or permanent residents do not need a dependent Form I-20 to enter the U.S.

	Full Name	Date of Birth (mm/dd/yyyy)	Citizenship	Passport No.	Passport Exp. (mm/dd/yyyy)
☐ Spouse					
□ Child					
□ Child					
□ Child					

Health/medical insurance for all visa dependents is strongly recommended.

SIGNED STATEMENT

The statement below must be read and signed by the student with accompanying spousal and/or child dependents.

Unsigned or otherwise incomplete forms will be returned to the student without processing.

I swear that all dependent information provided herein is complete and accurate to the best of my knowledge. I understand that financial assistance from William Paterson University is limited to only that which is clearly listed in the student's award package, and that additional funds not available for my dependent(s). I understand that oncampus housing is not available to students with spousal and/or child dependents. I understand that unsigned or otherwise incomplete forms will be returned to the student without processing.

Student Signature:	Date:
Parent/Guardian Signature (if applicable):	Date:



Student Family Name:	I – AFFIDAVII & STATI	Student First Name:	. SOFFORT
WPUNJ ID:		SEVIS ID (if applicable):	
Sponsor's Full Name:		Relationship to Student	:
Sponsor's Telephone No.:		Sponsor's Email Address	s:
Sponsor's Address (Number and	Street, City, State/Province	e, Postal/ZIP Code, Count	ry):
Sponsor's Full I	Name	, being duly s	worn, agree that my intention is to
support		to st	udy at William Paterson University
in Wayne, New Jersey in the Unite	Student's Full Name d States. I testify that I am	able to maintain and sug	pport this student, whose annual
financial expenses will be approxin	•	•	
necessary, to guarantee that this s	-	-	
			er stay in the Officed States.
This affidavit is for the purpose of a	assuring William Paterson	University that	Student's Full Name
will not find it necessary to appeal	to the University for any t	ype of additional financia	I aid, housing and/or other
material aid during their full-time e	expected enrollment at Wi	Illiam Paterson University	
The financial sponsor must sign be	·	• •	
sign in the appropriate section and must sign any erasures or changes.		this Affidavit. Both the s	ponsor and notary public/official
, ,	•		Data
Sponsor's Signature:			Date:
	NOTARY PUBLIC SEC	TION (REOLURED)	
	NOTART ODLIC SEC	tion (REQUIRED)	
I certify that the foregoing stateme	ents, made by me, are true	accurate.	
Su	ubscribed and sworn befor	re me	
++	nis day of		
20	0 at	·	



SECTIO	ON 5 – SPONSOR'S AFFID	AVIT OF FREE ROOM & BOARD
Student Family Name:		Student First Name:
WPUNJ ID:		SEVIS ID (if applicable):
Sponsor's Full Name:		Relationship to Student:
Sponsor's Telephone No.:		Sponsor's Email Address:
Intended U.S. Residential Ad	dress (Number and Street, Cit	y, State and ZIP Code):
Does the sponsor () own or	() rent the property?	Does the sponsor live at this address?
How many rooms are in the I	nouse or apartment listed abo	ove?
How much space will be for t	he exclusive use of the stude	nt?
a notary public or official. The this Affidavit. Both the sponsor	notary public or official must so and notary public/official must so and notary public or official must so and notary public of the solution o	e room & board sponsor must sign below in the presence of sign in the appropriate section and place their official seal on ast sign any erasures or changes. ON OR OATH Sion I have given above is true and correct.
Sponsor's Signature:		Date:
	NOTARY PUBLIC SEC	CTION (REQUIRED)
I certify that the foregoing stat	ements, made by me, are true	accurate.
	Subscribed and sworn befor	re me
	this day of	
	20 at	·



SECTION 6 - INTERNATIONAL STUDENT TRANSFER-IN FORM

Student Family Name:	Student First Name:		
WPUNJ ID:	SEVIS ID:		
Student's U.S. Residential Address (Number and Street, Cit	Student's U.S. Residential Address (Number and Street, City, State and ZIP Code):		
Student			
(Note: Only F-1 visa holding students already attending	ng school in the United S	tates must submit this form)	
Please read carefully and sign below. Present this form to	o the International Stude	nt Advisor at the school you are	
presently attending, along with a copy of y			
I-20 applications are not considered complete if this		•	
I,, grant perm	ission for the information	n requested to be forwarded to	
William Paterson University's Office of International Student		'	
Student Signature:		Date:	
outure.			
International Studi	ENT ADVISOR SECTION		
William Paterson University SEVIS		00622000	
The student named above has applied for and received an of	for of admission from Wi	lliam Paterson University Please	
provide the following information about the student and em			
Students & Scholars at OISS@wpunj.edu at your earliest con	• •		
Is the student eligible to continue at your institution?			
is the student engine to continue at your institution:			
Has the student met all financial obligations to your institu	ution?		
To the best of your knowledge, has the student met all ob	ligations to USCIS?		
To the best of your knowledge, has the stadent met an ob	ingations to oscis:		
Last authorized extension of stay valid until (SEVIS release	date):		
We would appreciate any comments you believe may be helpful to us.			
P/DSO Signature:		Date:	
Title:		Telephone No.:	
Institution Name O Address:			
Institution Name & Address:			