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## Montclair State University I-20 Application

This form must be completed by all international students applying for F-1 status, and by those who currently hold or are planning to change to F-1 status. If a question does not apply, please write "N/A" (not applicable). The Form I-20 document will be issued only upon receipt of this completed application and submission of all other required documentation. All fields must be typed. Only the signature can be handwritten (electronic signatures are also acceptable). **Please allow 5-10 business days for I-20 processing.** For any questions pertaining to the I-20 application process, please contact [I-20@montclair.edu](mailto:I-20@montclair.edu).

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### Personal Information

Family/Last Name: \_\_\_\_\_ First/Given Name: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Address in your **home country**: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

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### Visa Information

Are you currently in the United States?      Yes      No      If yes, list your current visa type: \_\_\_\_\_

*If you are currently in the U.S., not on an F-1 visa, are you planning to change your immigration status?*      Yes      No

*If yes, how are you changing your status?*      Travel outside the U.S.      Change from within the U.S.

**PLEASE NOTE:** If you currently have a valid F-1 visa, you must upload a scan of it with your I-20 application.

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**SEVIS Transfers Only** - If you are currently studying in the United States with an F-1, please provide:

SEVIS ID Number: \_\_\_\_\_

Name of the institution on your current I-20: \_\_\_\_\_

Current U.S. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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All students must review our [Sources of Funding Policy](#) before submitting the I-20 application.

## Student Certification

Please review our [Estimated I-20 Expenses](#) page for more information about the estimated cost of tuition for your program of study. This is the amount that you will list on line one.

Estimated expenses for 9 months. <b>All fields must be completed.</b>	
1. Please enter the estimated cost of tuition, based on the specific program that you will be attending for (see Estimated I-20 Expenses):	\$
2. Room & Board: <i>If you are receiving free room &amp; board, you must also submit an <a href="#">Affidavit of Free Room and Board</a>. The sponsor must provide proof of residence in the form of a lease, utility bill, etc.</i>	\$17,350
3. Miscellaneous Expenses (including books, travel, and personal expenses):	\$6,986
4. Health Insurance:	\$2,940
6. Total additional cost for dependents (see below): <i>If you are not bringing any dependents, put \$0.</i>	\$

<b>TOTAL =</b>	
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## Funding Information

Total in this section MUST EQUAL the total listed above.

I will receive the following funds from Montclair State University (i.e. scholarship, graduate assistantship, etc.): <i>If you have not received an offer in writing, put \$0.</i>	\$
I will <b>self-sponsor</b> the following amount (this can include verified loans): <i>If you are not sponsoring yourself, put \$0.</i>	\$
Funds from Sponsor 1 (if applicable): Sponsor's Name_____	\$
Funds from Sponsor 2 (if applicable): Sponsor's Name_____	\$

<b>TOTAL =</b>	
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### Dependents:

You must submit proof of additional funds in the amount of **\$10,000** for a dependent spouse and **\$6,000** for each dependent (minor) child who will accompany you to the U.S. Complete this section only if your spouse or children will be traveling with you. If more space is needed, please add the additional names to a separate page and submit with your I-20 application. **Please upload the passport identification page for each dependent.**

Last/Family Name	First/Given Name	Date of Birth (mm/dd/year)	Relationship to Student	Country of Citizenship	City and Country of Birth

## Sponsor Certification Form

**Each sponsor must complete this form** and must provide proof of available funds for the amount they will sponsor you for per year. If there is more than one sponsor, please copy this page and have it completed by each sponsor. Our office reserves the right to request additional financial documents, if needed. For more information about acceptable financial documentation, see: [How to Apply for the Form I-20](#). The documents to prove your financial sponsorship **MUST**:

- Be in English (or translated into English)
- Be valid within the last 3 months
- State the account type
- Have the name of account owner clearly stated
- State the type of currency

**PLEASE NOTE:** Financial documents should only be submitted once you are certain of your sponsorship. The financial section of the I-20 will not be edited once issued.

### Sponsor Information

Sponsor's Relationship to Student:

Family/Last Name:

First/Given Name:

Telephone:

Email:

### Sponsor Promise

I promise that I will give the following student \_\_\_\_\_, appointed CWID \_\_\_\_\_, no less than U.S. \$\_\_\_\_\_ for EVERY YEAR of the student's program of study at Montclair State University. I have attached original financial documentation no more than three months old, showing sufficient funds to sponsor the student. I understand that failure to provide the financial support can result in loss of immigration benefits of the above-named student.

### By signing below, I agree to the terms and conditions of this form.

Sponsor Signature:

(ink or electronic, not typed)

Today's Date

(MM/DD/YYYY)

### Student Acknowledgement

*With the submission of this form, I acknowledge that Montclair State University has the right to deny any financial document deemed unacceptable and can request additional information at any time. I understand that these costs are estimated and subject to change. I will refer to my tuition bill for the accurate cost.*

Student

Signature:

Today's Date

(MM/DD/YYYY)