



### I-20 Application Form

Surname/Primary Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Name on Passport: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: Male  Female

City and Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**(Provide a copy of your passport to confirm citizenship, city, and country of birth. If your passport doesn't have all this information, provide a copy of your birth certificate as well.)**

Permanent Address in home country:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mailing Address (if different from Permanent Address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

(If Mailing address differs from Permanent address) Is this your current residence? Yes  No

Foreign Phone Number (please include country/area code): \_\_\_\_\_

US Phone Number (please include area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Intended Degree: Bachelors  Masters  Doctorate

Intended Major: \_\_\_\_\_



Do you plan to live on campus? Yes  No

If no, please enter address below:

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Please list the name and relationship of the homeowner (if applicable):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Note: A letter from the homeowner is required to confirm the off campus housing living accommodations stated above.

Are you currently in the United States? Yes  No

If yes, visa type: \_\_\_\_\_ SEVIS #: \_\_\_\_\_

Issuing Institution: \_\_\_\_\_

Please check all of the following that apply to you:

- I am applying for my first F-1 visa at a United States Embassy/Consulate abroad.
- I wish to change my status to F-1 (only if you are currently in the United States under another status. **You must meet with your Admissions Counselor at Dominican University New York before your I-20 will be issued).**
- I am transferring to Dominican University New York from my current or previous college or university in the United States.

Name of College/University: \_\_\_\_\_

- I am applying to a Dominican University New York graduate program from my previous college or university in the United States.

Name of College/University: \_\_\_\_\_



### F-1 Transfer Eligibility Verification Form

- Section I and II: for F-1 students transferring into Dominican University New York (Please attach a copy of your current I-20).
- Section I and III: for F-1 students transferring out of Dominican University New York (Please attach a copy of your acceptance letter from your new institution).

**Section I is to be completed by the student**

Name (Last, First): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby authorize release of the information in section II or III by/ to Dominican University New York.*

Signature: \_\_\_\_\_

**Section II – for students transferring into Dominican University New York**

*(to be completed by the DSO at your current institution). Dominican University’s SEVIS #: NYC214F00323000*

Name of Institution: \_\_\_\_\_

Student’s SEVIS #: \_\_\_\_\_ SEVIS Transfer Release Date: \_\_\_\_\_

Date student began at your institution: \_\_\_\_\_ Last date of attendance: \_\_\_\_\_

*To the best of your knowledge, is this student in lawful F-1 status and eligible for transfer?* Yes  No

*If no, please explain:* \_\_\_\_\_

Name of DSO: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III - for students transferring out of Dominican University (completed by student)**

Institution Name and SEVIS #: \_\_\_\_\_

Requested SEVIS transfer out date: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_

Expected degree completion date: \_\_\_\_\_