



The Office of Admissions

I-20 Application Form

Student's Name (Last, First): _____

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:

Mailing Address (if different from Permanent Address):

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

Phone Number (please include country/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:

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 Univeristy New York (Please attach a copy of your current I-20).
- Section I and III: for F-1 students transferring out of Dominican Univeristy New York (Please attach a copy of your acceptnace 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: _____