



Hofstra University
 Office of International Admission
 100 Hofstra University
 Hempstead, NY 11549-1000 USA
 InternationalAdmission@hofstra.edu
 Phone Number: +516-463-6700
 Fax Number: +516-463-5100

2018 UNDERGRADUATE FINANCIAL VERIFICATION FORM

I-20 Application Form

DIRECTIONS: Please complete the following information and submit electronically to **InternationalAdmission@hofstra.edu**. **You must include a copy of your passport identification page and proof of financial support.** Documentation may be submitted by fax to **+516-463-5100** or sent by courier service to **Hofstra University, Office of International Admission, 100 Hofstra University, Hempstead, NY 11549-1000 USA.**

PLEASE PRINT CLEARLY.

I am planning to attend Hofstra (check one): Fall (September) Spring (January) Year _____

I will be studying: Major _____

Degree/Program (check one): BA BBA BE BFA BS BSEd ELP (Conditional Admission)

PART I: Personal Information

Sex: Male* Female* **Please indicate your sex. If your current legal sex differs from your sex assigned at birth, please feel free to report your legal sex.*

If you would like the opportunity, we invite you to share more about your gender identity below:

Please enter your name exactly as it appears in your passport. Attach a copy of your passport identification page.

Name in Passport _____
Last/Family Name First/Given Name Middle Name(s)

Date of Birth _____ Email _____
Month/Day/Year

Country of Birth _____ Country of Citizenship _____

Country of Legal Permanent Residence _____

Permanent Address in Home Country (where you live, not a post office box)

Street _____

City _____ State/Province/Territory _____

Postal Code _____ Country _____

Address in the United States (leave blank if not applicable):

Street _____

City _____ State _____ ZIP Code _____

FOR OFFICIAL USE ONLY:
CODE: VCRT

PART II: If you are in the United States now, please complete Part II. If not, you may skip to Part III.

What is your immigration status? (Check one.)

Have you ever attended Hofstra University before? Yes No

If yes, what is your SEVIS ID number? N_____

Other school: What is your SEVIS ID number? N_____

If you are currently studying in the United States and are in possession of a valid I-20, you must complete a "school transfer" procedure. Information describing the F-1 school transfer procedure is posted on our website at hofstra.edu/f1transfer. Note: Please read this information carefully to ensure a seamless transfer from your current school to Hofstra.

Another status: Which one? _____ Do you plan to change to F-1? Yes No

Before we issue your Form I-20, we want to advise you. Please send an email to internationaladmission@hofstra.edu to make an appointment with an international student advisor.

Did you recently attend school in the United States on F-1 status?

Yes No If yes, when was the last date of your attendance? _____ If you attended a U.S. school last term and are home on holiday between academic terms, you are considered a "school transfer" and need to have your SEVIS record transferred to Hofstra before your Form I-20 can be issued. Please contact the international student advisor at your previous school immediately to authorize the release of your SEVIS record to Hofstra. Information about the F-1 school transfer procedure is posted on our website at hofstra.edu/f1transfer.

Are you a student at Hofstra University? Yes No

Are you changing your degree level? Yes No

Do you plan to travel outside the United States before school starts?

Yes Tell us how you would like to receive your Form I-20 in Part III.

IMPORTANT: F-1 transfer students must use a Form I-20 issued by Hofstra University to return to the United States to begin an academic program at Hofstra.

No Tell us how you would like to receive your Form I-20 in Part III.

PART III: How do you prefer to receive your Form I-20?

Mail: Your Form I-20 will be sent via FedEx Express to the name and address you indicate below. Print your name and address in English, exactly as it should appear on the envelope. FedEx Express cannot ship to a post office box.

Full Name:
Street 1:
Street 2:
City, State, Province:
Postal Code, Country:
Phone:

Hold for pickup by: Name _____

Phone _____ Email _____

Note: Picture ID must be presented at pickup.

FOR OFFICIAL USE ONLY:
CODE: VCRT

PART IV: Dependent Information

Are any dependents* accompanying you to the United States? Yes No

*Only your spouse and minor children (under age 21) may be included as family members (dependents). Please provide a photocopy of a valid passport identification page for each dependent and additional proof of financial support in the amount of US \$10,000 per year per dependent.

Relationship: Spouse Child

Sex: Male Female

Name in Passport _____
Last/Family Name *First/Given Name* *Middle Name(s)*

Date of Birth _____
Month/Day/Year

Country and City of Birth _____

Country of Citizenship _____

Country of Legal Permanent Residence _____

Relationship: Child

Sex: Male Female

Name in Passport _____
Last/Family Name *First/Given Name* *Middle Name(s)*

Date of Birth _____
Month/Day/Year

Country and City of Birth _____

Country of Citizenship _____

Country of Legal Permanent Residence _____

Please photocopy this section for additional dependents.

PART V: Statement of Financial Support

Students must prove they have the means to cover the cost of studying and living in the United States for the full length of their program of study. Hofstra requires documentation showing readily available, or “liquid,” funds (savings or certificates of deposit – no stocks, bonds, or securities) for the first year, and, barring any unforeseen circumstances, adequate funds for each subsequent year.

Expenses:

The following is an **ESTIMATED** cost for an average student for one academic year (9 months) of study based on the current year tuition rates for the September and January semesters. Please keep in mind that this is an estimate, and costs may vary depending on the number of semester hours taken within any particular semester and personal living expenses. This list provides basic information and is not a complete list of fees. For the full tuition and fee schedule, visit **hofstra.edu/tuition**. Tuition and fees are subject to change at any time. Individual student costs may vary, depending upon the housing option and dining plan selected.

List of Expenses for the 2017-2018 Academic Year

Estimated 2018-2019 rates will be available on March 1, 2018. Rates typically increase an average 4.5 percent per year.

*The expenses listed below **do not** include the summer (June-August).**

Full-time Undergraduate Tuition and Fees	\$43,960
Living Expenses:	\$14,450
Room/housing (high-rise double room; includes unlimited laundry access)	\$10,220
Board/meals (level 5 plan; visit hofstra.edu/dining for all available dining plans)	\$4,230
Other Expenses:	\$4,487
Health insurance (full year)	\$1,437
Books and supplies	\$1,000
Incidentals, including transportation	\$2,050
*(Estimated) Total Cost for One Year	\$62,897
Per Dependent (optional)	\$10,000

*If you intend to take classes and live on campus during the summer, please anticipate an additional \$21,128 in expenses [tuition (full time): \$16,683; room and board: \$3,607; other: \$838].

Support: How will you be funded every year?

Funding may come from multiple sources. Each source must provide documentation. Please tell us your source(s) of support and the promised amount available to you each year. Remember that rates typically increase 4.5 percent per year.

Source	Amount
Personal funds Amount available to me from my own resources every year:	
Funds from Hofstra University (per year; terms and conditions apply for scholarships) Type of scholarship: <input type="checkbox"/> Academic <input type="checkbox"/> Performance (Music/Drama/Dance) <input type="checkbox"/> Athletic If unknown, leave blank and continue. Academic scholarships are noted in official letters of acceptance.	
Cash funds from a sponsor Amount to be given to me every year: Sponsor's name:	
Cash funds from a sponsor Amount to be given to me every year: Sponsor's name:	
Government or private institution scholarship	
Total amount available to me every year of study (estimated average annual expenses)	

FOR OFFICIAL USE ONLY:
CODE: VCRT

Documentation:

Copies of all official financial documents must be in English and dated no more than three months prior to the submission of this form. Amounts are preferred to be listed in U.S. dollars. Documentation may be submitted electronically; however, Hofstra reserves the right to request original documentation, if necessary, to determine financial capability.

Please note: U.S. immigration law severely restricts off-campus employment for F-1 students. Please do not expect to work off campus to help pay your University and personal expenses.

The following documents are attached to prove my funding:

Personal Documents (if you will support yourself):

- Bank/asset statements (from the last three months)

Cash Sponsor's Documents:

- Sponsor's Promise of Cash Support (Part VI)
- Bank statements (dated in the last three months). Each owner of the account must complete a separate Sponsor's Promise of Cash Support.

NOTES:

1. Bank statement(s) must indicate the currency of the account.
2. The name of the bank account holder must match the name provided on page 6 (Part VI).

Note: If you will be funded by a government agency, private foundation, or other agency, please attach a copy of an official award letter.

Government or Private Institution Scholarship:

- Scholarship award letter

Free Room and Board Sponsor's Documents (if living off campus):

- Sponsor's Promise of Free Room and Board (Part VI)
- Lease, deed, rent receipt, phone bill (documentation that proves residency)

Total Financial Support in US \$ _____

Certification and Signature (Please read and sign the following statement.)

I hereby certify that all the information on this application form is true and accurate and that the stated funds are available for my educational expenses at Hofstra University. I understand that if I provide false information in this document, Hofstra University will invalidate this I-20, and that I will also be in violation of Hofstra University's *Student Conduct Code*, which can result in suspension or expulsion from Hofstra University.

Student Signature _____ Date _____
Month/Day/Year

FOR OFFICIAL USE ONLY:
CODE: VCRT

PART VI: Promise of Support

Sponsor's Promise of Cash Support

I hereby certify that I am willing, able, and do promise to provide the amount of US \$ _____ per year for the educational expenses of [name of student] _____, who is my [relationship to sponsor] _____, at Hofstra University.

***Sponsor Signature** _____

Sponsor Name (Please print.) _____ Date _____

Sponsor Address _____

Sponsor's Promise of Free Room and Board

I hereby certify that I am willing, able, and do promise to provide [Name of Student] _____, who is my [Relationship to Sponsor] _____, with free room and board for the duration of the student's educational program at Hofstra University. Proof of residency accompanies this affidavit of support.

Sponsor Signature _____

Sponsor Name (Please print.) _____ Date _____

Sponsor Address _____

**Promise of support will not be accepted without sponsor's signature.*