COMPREHENSIVE ENGLISH PROGRAM
I-20 APPLICATION

International students who would like to enroll in our full-time English as a Second Language program at the NYU School of Professional Studies American Language Institute and need a student (F-1) visa must begin by applying for a Certificate of Eligibility (I-20 Form).  Students admitted to a degree program at NYU should not use this application form – please contact the ALI for more information. If you are a US citizen, permanent resident, or other visa holder, please call the American Language Institute office at (212) 992 8331 to discuss your enrollment.

To receive a Certificate of Eligibility (I-20 Form), you must upload the completed I-20 application and required documents at the following online application system:

- Completed application for Certificate of Eligibility (I-20 Form).
- Copy of passport
- Affidavit of Support form signed by you or your financial sponsor.
- Bank documents or financial guarantee letters, preferably in English or accompanied by an authorized English translation.
- Non-refundable application fee of $150.00. The application fee must be paid by credit or debit card. Do not send cash or wire transfers. To submit the $150 application fee via credit card, students must use the following website: http://scps.nyu.edu/ali/i20applicationfee.
- A copy of the $150 application fee payment confirmation.
- For F-1 students currently studying in the U.S., include copies of your F-1 visa, I-20 form from current or previous school, and I-94 record.

Upon receiving your application and required documents, an acceptance letter and I-20 form will be mailed to you to apply for a student (F-1) visa at your nearest U.S. Embassy or Consulate. To allow for sufficient time to process and mail your admission materials, we advise you to submit your application at least six weeks before the start of the program. The acceptance material will be sent by express mail service to the mailing address provided on the application. Students who are interested in NYU housing should apply at least three months before the beginning of each semester, as space is limited. Academic records are not required for admission to this program.

We look forward to receiving your completed application and required documentation.
2018-19 APPLICATION FOR CERTIFICATE OF ELIGIBILITY (I-20 Form)
FOR FULL-TIME COMPREHENSIVE ENGLISH PROGRAM

Students admitted to a degree program at NYU should not use this application form – please contact the ALI for more information

Name of Applicant: ___________________________ ___________________________ ___________________________
(According to your Passport) Family Name Given Name Middle Name

Sex: ☐ Female ☐ Male Date of Birth: Month _________ Day _________ Year _________

Country of Birth: ___________________________ Country of Citizenship: ___________________________

When do you wish to enroll?
☐ Summer Session 1 (05/15/18 – 06/28/18) Apply before April 9, 2018
☐ Summer Session 2 (06/26/18 - 08/09/18) Apply before May 21, 2018
☐ Fall (08/28/18 - 12/06/18) Apply before July 23, 2018
☐ Spring (01/22/19 - 05/02/19) Apply before December 14, 2018

Permanent Home Address outside of the U. S. (No Business or PO Box Addresses. No Express Mail Service to PO Box Addresses.)

____________________ ___________________________ ___________________________
City State/Province Country Postal Code

Telephone: ___________________________ Student’s E-mail Address: ___________________________

Do you want your documents to be sent to the address listed above? ☐ Yes ☐ No

If no, provide the mailing address below (No Express Mail Delivery to PO Box Addresses)

____________________ ___________________________ ___________________________
City State/Province Country Postal Code

Attn: (Name/Company/Agency) Telephone Email Address

Student’s Local Home Address in the U.S., if available at this time:

____________________ ___________________________ ___________________________
City State Postal Code Telephone
Are you currently in the United States?  ☐ Yes (Please answer the questions below)  ☐ No

If yes, what kind of visa do you have?  ______  Do you want to change this status?  ☐ Yes  ☐ No

If F-1 visa, please list the name of your current school: _______________________________________________________

Attendance dates at your most recent school: Start Date____/____/_____ to End Date____/____/_____

**F-1 transfer students: Please include a copy of your F-1 student visa, your most recent I-20 Form and I-94 Record with your application.**

Are you planning to travel outside of the United States before ALI classes begin?  ☐ Yes  ☐ No

If yes, what are your dates of travel?  From: __________________ to __________________

Would you like to receive a NYU Housing Application?  ☐ Yes  ☐ No

(Housing application instructions will be mailed with I-20 form or emailed to student’s email address.)

**DEPENDENTS:** F-2 Dependents are the F-1 student’s spouse and/or unmarried children(under 21 years of age) who will accompany the student during his/her studies in the U.S. (Complete the following information and include a copy of the passport bio page for each F-2 dependent. You must provide proof of additional funding for your spouse ($800 per month) and for each child ($500 per month).

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
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</tbody>
</table>

Family member or friend to contacted in case of emergency:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to You</th>
<th>Telephone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
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</tbody>
</table>

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN WHERE INDICATED**

I understand that New York University reserves the right to refuse admission to any applicant who, in the University’s judgement, is not qualified. Similarly, in order to safeguard its ideals of scholarship, character and personal behavior, the University reserves the right to require the withdrawal of any student at any time for any reason deemed sufficient under the rules and practices of the University.

I further understand that admission to New York University’s American Language Institute in no way implies admission for academic study for a degree or as a special student to any academic division of NYU. **Applicant must be at least 18 years old to be considered for admission.**

I understand that the I-20 form is to be used only if I intend to enroll in the ALI at NYU and, **I agree to pay a cancellation fee, if I decide not to attend the American Language Institute at New York University after entering the U.S. with an I-20 form issued by this institution.**

I certify that the information given in this application is complete and accurate.

______________  __________________________
Date  Signature of applicant

A non-refundable application fee of US$150.00 must accompany your application. Payment of the fee must be by credit card at http://scps.nyu.edu/ali/i20applicationfee.
AFFIDAVIT OF SUPPORT
(Required for issuance of I-20 Form)

YOU ARE REQUIRED TO CERTIFY THAT FUNDS ARE AVAILABLE FOR THE LENGTH OF YOUR PROGRAM AT NEW YORK UNIVERSITY’S AMERICAN LANGUAGE INSTITUTE, EXCLUSIVE OF TRAVEL EXPENSES. IN COMPUTING YOUR FINANCIAL RESOURCES, YOU SHOULD BEAR IN MIND THAT YOU WILL NOT BE PERMITTED TO WORK. TUITION AND ESTIMATED LIVING EXPENSES ARE LISTED BELOW. TUITION AND ALL RELATED FEES MUST BE PAID AT THE TIME OF REGISTRATION.

Comprehensive English Program

<table>
<thead>
<tr>
<th>Course Expenses</th>
<th>Summer 2018</th>
<th>Fall 2018 or Spring 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$2,830 (for 6 weeks) / $5,660 (for 12 weeks)</td>
<td>$6,100</td>
</tr>
<tr>
<td>Mandatory University Fee (Est)</td>
<td>260</td>
<td>300</td>
</tr>
<tr>
<td>*NYU Student Health Insurance(Est)</td>
<td>1,418</td>
<td>1,600</td>
</tr>
<tr>
<td>SCPS Registration Fee</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Technology Fee</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Books and materials</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>**Living expenses</td>
<td>4,000 (for 6 weeks) / $8,000 (for 12 weeks)</td>
<td>8,000</td>
</tr>
<tr>
<td>Estimated Total Expense:</td>
<td>$8,727 (for 6 weeks) / $15,557 (for 12 weeks)</td>
<td>$16,219</td>
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</tbody>
</table>

*All dates and fees are subject to change without notice.*

*The NYU Student Health Insurance Plan is required of all full-time students who are not covered by personal/family insurance while in the U.S. Students must provide proof of comparable personal/family health insurance to be waived from participation in this University Insurance Plan. These fees are estimated and are subject to change. For more information on the NYU Student Health Insurance Plan benefits, students should refer to the most recent Guide to Student Health Insurance at the following website: https://www.nyu.edu/students/health-and-wellness/student-health-center/insurance-patient-accounts.html

**Living expenses cover rent, food and transportation – exclusive of travel to/from the U.S. and clothing. Tuition Refund Policy: For withdrawals before first class, 100%; before third class, 75%; after the third class, no refund. NYU housing rates are from $7,000 to $11,000 per semester (Fall or Spring). Off-Campus housing is $1,100 to $1,600 per month at minimum.

TO BE COMPLETED BY THE APPLICANT’S FINANCIAL SPONSOR

Please return this Affidavit of Support along with **ONE** of the financial documents listed below:

1. **Bank Letter or Statement** – Must be issued by the sponsor’s bank, indicating the minimum required amount for the desired length of study in the U.S.
2. **Employment Letter** – Must state the sponsor’s position and annual salary on company letterhead stationary. (The sponsor’s annual salary should be at least 3 times the amount of the course and living expenses listed above.) If the sponsor is self-employed, a personal bank statement is required.
3. **Financial Guarantee/Scholarship Letter** – Must indicate English as a Second Language as program of study, fees which will be provided by the sponsor and length of sponsorship period on organization/agency letterhead.

I hereby certify that I am able, willing and do promise to support my:

☐ Daughter  ☐ Self
☐ Son    ☐ Employee
☐ Other

________________________________________  ________________________________  __________________________________________
Financial Sponsor’s Signature       Print Name                    Email

Address: ________________________________________________________________________________________________

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