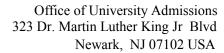


## Application for I-20/DS-2019 Form and Affidavit of Support

| Telephone: Email address:  DEPENDENT INFORMATION  Complete this section only if your spouse or children will be traveling with you.  ast Name First Name Date of Birth And Citizenship Relationship to Stude and Citizenship and Citizenship and Citizenship  Please note that \$5,000 in financial support is required for a spouse and \$3,750 for each additional dependent.  MAILING ADDRESS  Address to which you would like the I -20 or DS-2019 form sent.  Sumber and Street Address:  Post Code: Country:   | PERSONAL INFOR              | RMATION                       |                              |                               |                         |  |
|--|-----------------------------|-------------------------------|------------------------------|-------------------------------|-------------------------|--|
| Gender:  |                             |                               |                              |                               |                         |  |
| Date of Birth:   | passport):                  | Last Name                     | Firs                         | t Name                        | Middle Name             |  |
| Telephone:   | Gender: Male                | Female                        | Country                      | Country of Birth:             |                         |  |
| Telephone:   | Date of Birth:              | of Birth:                     |                              | Country of Citizenship:       |                         |  |
| DEPENDENT INFORMATION  Complete this section only if your spouse or children will be traveling with you.  ast Name   |                             | (MM/DD/YYYY)                  |                              |                               |                         |  |
| Complete this section only if your spouse or children will be traveling with you.  ast Name   First Name   Date of Birth and Citizenship   Country of Birth and Citizenship   Relationship to Stude and Citizenship   Relationship to Stude and Citizenship   Relationship to Stude and Citizenship   Please note that \$5,000 in financial support is required for a spouse and \$3,750 for each additional dependent.  MAILING ADDRESS  Address to which you would like the I -20 or DS-2019 form   sent.  Sumber and Street Address:  City and State:   | Telephone:                  |                               | Email ad                     | dress:                        |                         |  |
| Date of Birth   Country of Birth   Relationship to Stude   and Citizenship   Relationship to Stude   and Citizenship   Relationship to Stude   and Citizenship   Relationship to Stude   Amademy   Relationship   Relationship to Stude   Relationship   Relationship to Stude   Relationship   Relationship to Stude   Rel | DEPENDENT INFO              | ORMATION                      |                              |                               |                         |  |
| ### AMDD/YYYY) and Citizenship  ### Address note that \$5,000 in financial support is required for a spouse and \$3,750 for each additional dependent.  #### MAILING ADDRESS  Address to which you would like the I -20 or DS-2019 form sent.  #### Sent.  #### Post Code:   | Complete this section       | only if your spouse or        | children will be trav        | eling with you.               |                         |  |
| MAILING ADDRESS  Address to which you would like the I -20 or DS-2019 form sent.  Sumber and Street Address:  City and State: Post Code: Country: VISA INFORMATION  What type of Visa will you be applying for? F-1 J-1  Are you currently in the United States? Yes No If yes, list your current visa type: Are you changing your current immigration status? Yes No  If yes, current: To: If yes, how?  If you are currently studying in the United States with an F-1 or J-1 visa, please provide: Visa expiration date (MM/DD/YYYY): SEVIS number: SEVIS number:   | ast Name                    | First Name                    |                              |                               | Relationship to Student |  |
| MAILING ADDRESS  Address to which you would like the I -20 or DS-2019 form sent.  Sumber and Street Address:  City and State: Post Code: Country: VISA INFORMATION  What type of Visa will you be applying for? F-1 J-1  Are you currently in the United States? Yes No If yes, list your current visa type: Are you changing your current immigration status? Yes No  If yes, current: To: If yes, how?  If you are currently studying in the United States with an F-1 or J-1 visa, please provide: Visa expiration date (MM/DD/YYYY): SEVIS number: SEVIS number:   |                             |                               |                              |                               |                         |  |
| MAILING ADDRESS  Address to which you would like the I -20 or DS-2019 form sent.  Sumber and Street Address:  City and State: Post Code: Country: VISA INFORMATION  What type of Visa will you be applying for? F-1 J-1  Are you currently in the United States? Yes No If yes, list your current visa type: Are you changing your current immigration status? Yes No  If yes, current: To: If yes, how?  If you are currently studying in the United States with an F-1 or J-1 visa, please provide: Visa expiration date (MM/DD/YYYY): SEVIS number: SEVIS number:   |                             |                               |                              |                               |                         |  |
| MAILING ADDRESS  Address to which you would like the I -20 or DS-2019 form sent.  Sumber and Street Address:  Dity and State: Post Code: Country: VISA INFORMATION  What type of Visa will you be applying for? F-1 J-1  Are you currently in the United States? Yes No If yes, list your current visa type: Are you changing your current immigration status? Yes No  If yes, current To: If yes, how?  If you are currently studying in the United States with an F-1 or J-1 visa, please provide:  Visa expiration date (MMDD/YYYY): SEVIS number: SEVIS number:  | Please note that \$5,000 in | financial support is required | 1 for a spouse and \$3.750 f | or each additional dependent. |                         |  |
| Address to which you would like the I -20 or DS-2019 form sent.  Sumber and Street Address:  City and State: Post Code: Country: VISA INFORMATION  What type of Visa will you be a pplying for? F-1 J-1  Are you currently in the United States? Yes No If yes, list your current visa type: No If yes, current To: No If yes, current To: Sey, how?  If you are currently studying in the United States with an F-1 or J-1 visa, please provide: Visa expiration date (MM/DD/YYYY): SEVIS number: SEVIS number:   | ·                           | • • •                         |                              |                               |                         |  |
| Sity and State:  |                             |                               | DC 2010 f                    |                               |                         |  |
| City and State:  | Address to which you        | i would like the 1 -20 o      | r DS-2019 form sem           | •                             |                         |  |
| City and State: Post Code: Country:  | Number and Street Add       | ress:                         |                              |                               |                         |  |
| What type of Visa will you be applying for? F-1 J-1  Are you currently in the United States? Yes No If yes, list your current visa type:   Are you changing your current immigration status? Yes No  If yes, current: To:   If yes, how?  If you are currently studying in the United States with an F-1 or J-1 visa, please provide:  Visa expiration date (MM/DD/YYYY): SEVIS number:  |                             |                               |                              |                               |                         |  |
| What type of Visa will you be applying for? F-1 J-1  Are you currently in the United States? Yes No If yes, list your current visa type:  Are you changing your current immigration status? Yes No  If yes, current To:  If yes, how?  If you are currently studying in the United States with an F-1 or J-1 visa, please provide:  Visa expiration date (MM/DD/YYYY): SEVIS number:   |                             |                               |                              | Country:                      |                         |  |
| Are you currently in the United States?  |                             |                               |                              |                               |                         |  |
| Are you changing your current immigration status? Yes No  If yes, current: To: No  If yes, how?  If you are currently studying in the United States with an F-1or J-1 visa, please provide:  Visa expiration date (MM/DD/YYYY): SEVIS number:  | What type of Visa wil       | l you be applying for         | ? F-1 J-1                    |                               |                         |  |
| If yes, current: To:   If yes, how?  If you are currently studying in the United States with an F-1or J-1 visa, please provide:  Visa expiration date (MM/DD/YYYY): SEVIS number:  | Are you currently in t      | the United States?            | Yes No                       | If yes, list your current vis | a type:                 |  |
| If yes, how?  If you are currently studying in the United States with an F-1or J-1 visa, please provide:  Visa expiration date (MM/DD/YYYY): SEVIS number:   | Are you changing you        | er current immigration s      | tatus? Yes                   | No                            |                         |  |
| If you are currently studying in the United States with an F-1or J-1 visa, please provide:  Visa expiration date (MM/DD/YYYY): SEVIS number:   | If yes, current:            | To:                           |                              |                               |                         |  |
| Visa expiration date (MM/DD/YYYY): SEVIS number:   | If yes, how?                |                               |                              |                               |                         |  |
|  | If you are currently stu    | udying in the United Sta      | ites with an F-1or J-1 v     | isa, please provide:          |                         |  |
|  | Visa expiration date        | e (MM/DD/YYYY):               |                              | SEVIS number:                 |                         |  |
| 11400 VI 1050441VII VII VVII 1747 VI 1767-4717 IVIIII.   | Name of institution or      |                               |                              |                               |                         |  |
|  |                             |                               |                              |                               |                         |  |





## FINANCIAL INFORMATION

## Please read before you submit this form.

- 1) Financial certification is required for issuance of the I-20 or DS-2019 form.
- 2) Evidence of financial capability should be official and in English, showing sufficient funds to cover the educational and living expenses for the duration of study. Costs include, but are not limited to, tuition and fees, room and board, health insurance, books and personal expenses.
- 3) Acceptable forms of evidence are: official bank statement, letter from a bank or letter of scholarship. Documents cannot be more than 6 months old and must be in English.
- 4) The financial sponsor must complete and sign the bottom portion of this form. If more than one sponsor is needed, each sponsor must complete a separate form.

| 2018 ESTIMATED ANNUAL COSTS FOR NEW INTERNATIONAL STUDENTS |          |               |  |  |
|--|----------|---------------|--|--|
|  | GRADUATE | UNDERGRADUATE |  |  |
| Tuition and Fees*  | \$32,136 | \$31,918      |  |  |
| Living Expenses*   | \$17,900 | \$18,900      |  |  |
| Health Insurance*  | \$ 1,670 | \$ 1,670      |  |  |
| Total (per year of study) *                                | \$51,706 | \$52,488      |  |  |

<sup>\*</sup>Figures are subject to change without notice.

Signature of Applicant

Date (MM/DD/YYYY)

| , have agreed to provide US\$                                 | to   |
|---|--|
|   |  |
| r the purpose of full-time study at New Jersey Institute o    | of Technology  |
|   |  |
| the availability of these funds. I further understand the     | at NJIT will   |
| , and that I must provide evidence of these funds for one     | year of the  |
| e student is  |  |
| Date:   |  |
| (MM/DD/YYYY)  |  |
| upport documents must beofficial.                             |  |
|   |  |
|   |  |
| as the right to deny any financial document deemed unacceptal | 1.11   |
| ,,  | and that I must provide evidence of these funds for one e student is |

<sup>\*</sup> A detailed breakdown of costs can be found at: njit.edu/bursar/tuition