



Rowan University International Center

I-20 Application

I-20 Application Checklist and Estimated Costs

The I-20 Application is a government form on which Rowan University certifies to the U.S. government that you are eligible to receive an F-1 Visa. *Note: The costs listed below are estimates and may vary based on program of study, choice of housing, meals, and discretionary spending. All tuition and fee estimates are calculated based on full-time attendance for each required term at a given level: 12 credits per term for undergraduate programs, 9 credits per term for all graduate programs. Undergraduate students may take up to 17 credits at no additional cost.*

Estimated costs for Rowan University, Glassboro:

Cost of Undergraduate Attendance for 2017-2018 is:

Tuition	\$18,150	On-Campus Housing	\$7,900	Personal Expenses & Books	\$2,000
Fees	\$3,800	On-Campus Meal Plan	\$4,400	Insurance	\$1,750
<i>Subtotal</i>	<i>\$21,950</i>	<i>Subtotal</i>	<i>\$12,300</i>	<i>Subtotal</i>	<i>\$3,750</i>
Total: \$38,000					

Cost of Graduate Attendance for 2017-2018 is :

Tuition	\$12,600	Room & Board	\$10,000	Personal Expenses & Books	\$1,500
Fees	\$2,800	Transportation	\$1,500	Insurance	\$3,450
<i>Subtotal</i>	<i>\$15,400</i>	<i>Subtotal</i>	<i>\$11,500</i>	<i>Subtotal</i>	<i>\$4,950</i>
Total: \$31,850					

Estimated costs for Graduate School of Biomedical Sciences, Stratford: (GSBS)

Cost of Attendance for Master's for 2017-2018 is :

Tuition	\$17,900	Room & Board	\$18,600	Books	\$650
Fees (w/insurance)	\$4,100	Transportation	\$4,850	Personal Expenses	\$2,400
<i>Subtotal</i>	<i>\$22,000</i>	<i>Subtotal</i>	<i>\$23,450</i>	<i>Subtotal</i>	<i>\$3,050</i>
Total: \$48,500					

Cost of Attendance for the PhD Program for 2017-2018 is:

(Note: Accepted PhD students can expect to receive a stipend, tuition remission, paid health insurance and paid general student fees.)

Tuition	\$11,550	Room & Board	\$18,600	Books	\$500
Fees (w/insurance)	\$4,100	Transportation	\$4,850	Personal Expenses	\$2,400
<i>Subtotal</i>	<i>\$15,650</i>	<i>Subtotal</i>	<i>\$23,450</i>	<i>Subtotal</i>	<i>\$2,900</i>
Total: \$42,000					

Cost of Attendance for the School of Osteopathic Medicine for 2017-2018: (SOM)

Tuition	\$62,850	Room & Board	\$15,500	Books & Supplies	\$2,900
Fees (w/insurance)	\$7,100	Transportation	\$4,050	Personal Expenses	\$2,000
<i>Subtotal</i>	<i>\$69,950</i>	<i>Subtotal</i>	<i>\$19,550</i>	<i>Subtotal</i>	<i>\$4,900</i>
Total: \$94,400					

Each page of the I-20 application along with the following documents on the checklist must be submitted in order for your I-20 request to be considered complete. Please keep all original documentation as it may be needed for your visa interview.

Please complete and submit the following documentation:

Submit application and forms to:

rowanic@rowan.edu

Questions?

+1 856-256-4292

- Completed I-20 Application
- Copy of Acceptance Letter
- Copy of Enrollment Confirmation/Matriculation Page
- Copy of your passport information page
- Sponsor's Affidavit of Support
- Official copies of bank statement/letter
- Copy of sponsor's proof of annual income
- Sponsor's Affidavit of Free Room and Board (if applicable)
- F-1 Transfer form, copy of most recent I-20, and F-1 Visa (if applicable)

I-20 Application Overview

An international student must be able to prove adequate resources to cover the minimum annual expenses for the entire program of study at Rowan. To receive your I-20, and subsequently be able to apply for an F1 visa, you are required to show evidence that funds are available to cover one year's minimum expenses and evidence that sufficient funds will be available for **every year** of the program.

What is a sponsor? *A sponsor is your source of financial support while you are studying in the U.S.*

- A sponsor may be one or more family members, friends, or organizations.
- Free room and board counts as financial support: A person who is giving you free room and board may also be considered a sponsor. This sponsor must submit a notarized 'Sponsor's Affidavit of Free Room and Board'.

Documents required to prove financial support:

- Copy of Bank Statement which must be in the sponsor's name and must be in English.
- The individual or combined account balance(s) must be an amount greater or equal to the total listed under your applicable degree level on page 1 of the I-20 application. If you submit an electronic copy, please keep the original for your visa interview.
- The copy of bank statement must be dated within six months of your submitting the I-20 request.

The following will NOT be accepted:

- Funds from investments and property
- Letters that do not reflect the actual numerical balance in the account(s).

Proof of Sponsor's Annual Income: *(Submit the following)*

Letter from sponsor's employer indicating date of employment and annual salary in U.S. dollars
OR copy of the most current income tax returns or a W-2 form of U.S. sponsor.

If the sponsor is self-employed: *(Submit the following)*

Copy of estimates of income by a bank or private accountant
AND copy of the most recent "Profit and Loss" statement for the business.

Dependents

If your spouse and/or children will accompany you as F-2 dependents, please list them here. Students with accompanying families must provide additional financial support for each dependent. **(\$5,000 for spouse and/or \$3,750 for each child, per year)**. Parents and other relatives may NOT be listed as dependents.

Please list any accompanying dependent(s) below: I am **NOT** bringing any dependents

Last (Family) Name	First Name	Date of Birth	Country of Citizenship	Relationship

Important Notes:

- Please visit <https://www.fmjfee.com/i901fee> for more information about SEVIS fee. Each student issued an initial Form I-20 is responsible for paying this fee to SEVP. Transfer students are an exemption.

By signing my name to this form, I certify that the information given on this I-20 application is an accurate and true statement of my arrangements for financing my studies at Rowan University. Attached with this application are official copies of bank statement/letter, sponsor's proof of income, sponsor's affidavit of support. I also acknowledge that Rowan University requires that all students subscribe to mandatory health insurance as dictated by state and federal law.

Student's Signature

Printed Name

Date

Personal Information

Full Legal Name		
Last (Family):	First:	Middle:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth (mm/dd/yyyy):	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Sex: <input style="width: 40px;" type="text"/>
Country of Birth:	Country of Citizenship:	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Permanent/Foreign Address		Local (US) Address
Street Address:		Street Address:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
City:		City:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Province/State:		Province/State:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Country:		Country:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Zip:		Zip:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Email Address:	Telephone #	Cell (Mobile) #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Intended Level of Studies: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		
Intended Major:		Intended Minor:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Are you currently residing in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your current immigration status (visa type): <input style="width: 100%;" type="text"/>		
Do you plan to live on-campus? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Special note:</i>		
<ul style="list-style-type: none"> • Undergraduate freshmen (first year students) are required to live on-campus. For special exemptions to the policy, please refer to www.rowan.edu/rluh. • If residing on-campus, you must complete the Housing Reservation Form and submit it to housingquestions@rowan.edu (send copy to rowanic@rowan.edu). 		

Status

Student is requesting:

- Initial I-20 - Admission type: Freshman Undergraduate Graduate
 Change of Status - Current visa category/type:
 Change of Educational Level at Rowan (Must submit copy of Acceptance Letter from department)
 Reinstatement to F1 status
 Transfer – Name of current college/university:

Are you already in the US on an F-1 visa? Yes No

NOTE: If you plan to travel outside the US before classes begin, please provide the dates of travel:

Receiving Your I-20: Please indicate how you would like to receive your I-20

By mail through E-Ship Global **OR** Pick up by (name): Telephone #

Sponsor Affidavit of Support

This form must be completed by the sponsor who will provide the student with the support during the student's course of study at Rowan University. If you have more than one sponsor, please copy this form and have it completed by each sponsor, and return it with your application.

Part A: Sponsor Information

I, , hereby certify that I am able, and willing, and do promise that I will support
(Print Sponsor Name)

, my with the minimum amount of
(Name of Student) (Relationship to Student)

US \$, for his/her tuition, fees, and living expenses for **every year of study**.

I am a: US citizen US Permanent Resident Other: (Please specify)

My permanent address is:
(Number/Street)

, , ,
(City) (State) (Country) (Zip Code)

I have attached a bank statement/letter and proof of my income to prove that the promised financial resources are available to me.

Part B: Affirmation of Oath

I hereby affirm or swear that the information I have given above is true and correct.

Signature of Sponsor

Print Name of Sponsor

Date

Sponsor Affidavit of Free Room and Board

(If Applicable)

This form must be completed by the sponsor who will provide the student with free room and board during the student's course of study at Rowan University. Your room and board sponsor must live within commuting distance from Rowan University.

The **Mandatory Housing Policy** of Rowan University states that all unmarried, full-time, undergraduate students, under the age of 21, who will not be living in a residence of their parents or legal guardian, must reside within university housing until completion of four full-time semesters or 58 credits. To be exempt from this mandatory policy, a student must be: 21 or older, **or** married/part of legal domestic partnership, **or** reside with a parent or legal guardian within a 40 mile radius of the university.

- Students must submit a notarized **Statement of Student Residence**. Please download this form at <http://www.rowan.edu/studentaffairs/reslife/documents/documents/CommuterFrom.pdf>

Part A: Room and Board Information

I,
(Print Sponsor Name) hereby certify that I am able, and willing, and do promise that I will support

, my
(Name of Student) (Relationship to Student) with the minimum amount of

US \$, for Room and Board every **year of study**.

Note: This amount should be \$12,300 for Undergraduates, \$10,000 for Glassboro Graduates, \$18,600 for GSBS and \$15,500 for SOM

I am a: US citizen US Permanent Resident Other: (Please specify)

My permanent address is:
(Number/Street, City, State, Country, Zip Code)

- Do you live at the address listed above? Yes OR No

Part B: Affirmation of Oath

I hereby affirm or swear that the information I have given above is true and correct.

Signature of Sponsor

Print Name of Sponsor

Date

F-1 Transfer Form

(If Applicable)

Part I: To be completed by student

This form must be completed by all international students who wish to transfer to Rowan University from a U.S. College/University/School.

Student's First Name:	<input style="width: 95%;" type="text"/>	Student's Last Name:	<input style="width: 95%;" type="text"/>
SEVIS ID:	<input style="width: 95%;" type="text"/>	Requested SEVIS Release Date:	<input style="width: 95%;" type="text"/>
Term you will be attending:	<input style="width: 95%;" type="text"/>	Year:	<input style="width: 95%;" type="text"/>

Which Rowan campus will you be attending? Glassboro Stratford (SOM or GSBS)

Non-Immigrant status: F-1 Other: (Please specify)

*I hereby authorize my current International Student Advisor/DSO to provide the following required information to Rowan University. **Note to Student:** USCIS regulations state that off-campus F-1 work authorization (OPT, CPT, or Severe Economic Hardship) is automatically terminated after the F-1 transfer is completed.*

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Student's Signature	Print Name	Date

Part II: To be completed by International Advisor/DSO

NOTE: The student named above has indicated intent to transfer to Rowan University. We would appreciate your certification of the information below, so that we can verify the student's eligibility for the F-1 school transfer. This form may be returned to the student or mailed/scanned directly to the International Center at Rowan University at rowanic@rowan.edu.

Please be sure to release the student's record to the appropriate campus as indicated in Part I		
Campus	School Code	Location
Rowan University (Glassboro Main)	NEW214F00278000	Glassboro, NJ
Rowan School of Osteopathic Medicine*	NEW214F00278001	Stratford, NJ
*Includes both Rowan School of Osteopathic Medicine (SOM) and Rowan Graduate School of Biomedical Sciences (GSBS)		

Please select either Yes or No to the following questions:	YES	NO
Is the above named student currently maintaining lawful F-1 status at your institution?	<input type="checkbox"/>	<input type="checkbox"/>

Note: If "No", please do NOT release this student's record in SEVIS and email rowanic@rowan.edu.

If there are there any special circumstances regarding this student's status, please explain:

Do you recommend this student for transfer?	<input type="checkbox"/>	<input type="checkbox"/>
Has he/she maintained satisfactory academic progress?	<input type="checkbox"/>	<input type="checkbox"/>

Please list and specify any previous periods of Optional or Curricular Practical Training:

<p>Approved SEVIS Release Date: <input style="width: 100%;" type="text"/></p>	
Name: <input style="width: 95%;" type="text"/>	Title: <input style="width: 95%;" type="text"/>
Signature: <input style="width: 95%;" type="text"/>	School: <input style="width: 95%;" type="text"/>
Email Address: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>