



NEW INTERNATIONAL GRADUATE STUDENT INFORMATION FORM

To study in the U.S., international students must be in a valid immigration status that allows full-time study. Please complete and return your *Commitment to Enroll Form* along with this form as soon as possible by email, fax, or mail (see contact details on bottom of form) so that we can determine what documentation is required for you to study at SUNY ESF. Please also submit a copy of the identification page and expiration page (if separate) of your passport. If you are not receiving full funding from ESF equivalent to the estimated cost of attendance, please submit an original *FSA-4 Financial Statement* and documentation of finances as well.

Please complete the following information as thoroughly as possible.

Name (exactly as it is noted on your passport):

(Family Name/Surname) (First Name) (Middle Name)

Date of Birth: Month: _____ Day: _____ Year: _____ **Sex:** Female Male

Phone Number: _____ **E-mail:** _____

Country of Birth: _____ **Country of Citizenship:** _____

Country of Permanent Residence: _____

Permanent Residential Address in your Home Country or Country of Residence (must be outside the U.S.):

Street Address (line 1): _____

Street Address (line 2): _____

City: _____ Province/State: _____

Country: _____ Postal Code: _____

Mailing Address for Immigration Documentation (if different from address above)—cannot be a P.O. Box:

Street Address (line 1): _____

Street Address (line 2): _____

City: _____ Province/State: _____

Country: _____ Postal Code: _____

Dependent Family Members: Do you intend to bring your spouse and/or child(ren) under age 21 with you to the U.S.? No Yes (If yes, complete the *New Student Request for Dependent Documentation* on the next page).

Please check the statement that best describes your current U.S. immigration status:

I am not in the U.S. and do not have status in the U.S. I request an I-20 to attend SUNY ESF.

I am currently in active F-1 or J-1 student status and enrolled at a high school or institution of higher education, or on Optional Practical Training or Academic Training. I will complete the *SEVIS Transfer-In Request Form* in order to request that my current institution transfer my SEVIS record to SUNY ESF so that an I-20/ DS-2019 can be issued for my SUNY ESF program of study. My current institution is: _____
The Transfer Form is available online at: <http://www.esf.edu/international/transfer-in.htm>.

I am currently in the U.S. in a status that will allow me to study full-time.
My current status is: _____ and will expire _____. (Please provide documentation.)

I am currently in the U.S. in a status that will not allow full-time study and thus must obtain F-1 student status.
My current status is: _____ and will expire _____. (Please provide documentation.)

Student Signature _____ **Date** _____

NEW STUDENT REQUEST FOR FOR DEPENDENT DOCUMENTATION

In order for your child under 21 or spouse to accompany you to the U.S. for the period of your studies at SUNY ESF, you must obtain dependent immigration documentation (e.g., I-20) from the SUNY ESF Office of International Education in order for them to apply for a dependent visa. The Office of International Education will provide documentation for the visa appointment for your family members if you first supply the information below and proof of finances to cover their minimum expenses for 12 months or the length of your program, whichever is shorter (for example, if you will only be studying at SUNY ESF for one semester, you only need to show 5 months of financial support). You must document that you have sufficient funds to support your own expenses (tuition, fees, living) in addition to those of your family members. The minimum estimated expenses for family members are:

For spouse: \$8,040 per calendar year (\$670/month)
 For first child: \$4,800 per calendar year (\$400/month)
 For each additional child: \$3,600 per calendar year (\$300/month)

Proof of funding could include a current bank statement, a letter from your organizational sponsor, a letter from your family or other individual sponsor and their bank statement, or some other original document demonstrating adequate funds (e.g., tuition scholarship, assistantship letter). All family members should be covered by medical insurance for the duration of their time in the United States.

Please complete the following information as thoroughly as possible.

Dependent #1			
Last Name (as noted on passport)		Country of Birth	
First Name (as noted on passport)		Country of Citizenship	
Middle Name (as noted on passport)		Country of Permanent Residence	
Date of Birth (Month/date/year)		Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
City of Birth		Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Dependent #2			
Last Name		Country of Birth	
First Name		Country of Citizenship	
Middle Name		Country of Permanent Residence	
Date of Birth (Month/date/year)		Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
City of Birth		Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Dependent #3			
Last Name		Country of Birth	
First Name		Country of Citizenship	
Middle Name		Country of Permanent Residence	
Date of Birth (Month/date/year)		Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
City of Birth		Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child

(Please attach additional pages if you are requesting documentation for more family members.)