



NEW UNDERGRADUATE INTERNATIONAL STUDENT INFORMATION FORM

To study in the US, international students must be in a valid immigration status that allows full-time study. Please **complete and return this form** along with an **original *International Student Financial Statement (FSA-4)*** with **documentation of your financial support**, a **copy of your passport identification page** (and expiration page if it is separate), and **any forms required by Undergraduate Admissions** 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 type responses directly into the form and answer 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 a dependent spouse and/or child(ren) under age 21 with you to the US? No 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 US and do not have status in the US. 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-In Form* is available online at: <http://www.esf.edu/international/transfer-in.htm>.

I am currently in the US 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 US 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



State University of New York
College of Environmental Science and Forestry

In order for your spouse and/or child(ren) under 21 to accompany you to the US for the period of your studies at SUNY ESF, you must obtain dependent immigration documentation (e.g., dependent I-20) from the SUNY ESF Office of International Education for the F-2 dependent visa application. The Office of International Education will provide documentation for the visa appointment for your family member(s) if you first supply the information below and proof of finances to cover your family's minimum expenses for 12 months or the length of your program, whichever is shorter. 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 than 3 family members.)