



INTERNATIONAL GRADUATE I-20 PACKET FORMS

International individuals applying for a student F-1 or J-1 visa must carefully complete this form. This University is required by the Citizenship and Immigration Services, USCIS to obtain evidence that non-immigrant individuals have adequate financial resources before a Certificate of Eligibility, I-20 (F-1 visa) or DS-2019 (J-1 visa) is issued.

INSTRUCTIONS: Type or print clearly. Answer every question to the best of your ability, keeping in mind that financial assistance from William Paterson University is not available to international students. Be sure to obtain the required signatures, and return this form promptly to: OFFICE OF GRADUATE ADMISSIONS, William Paterson University, 300 Pompton Road, Wayne, New Jersey 07470, USA or email it to: Graduate@wpunj.edu.

SECTION I - STUDENT INFORMATION

A. Name \_\_\_\_\_

B. Mailing Address \_\_\_\_\_

C. Foreign Address \_\_\_\_\_

D. Date of Birth (Month/Day/Year) \_\_\_\_\_

E. Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

F. Telephone# \_\_\_\_\_

G. What is the present exchange rate of your country's currency to the U.S. dollar? \_\_\_\_\_ = \$1.00

H. Are there any current restrictions on the exchange and release of funds for study in the United States? If YES, describe the restrictions. \_\_\_\_\_

I. Print Name, Address and Telephone # of person of contact in the U.S. in case of an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Home telephone # ( ) \_\_\_\_\_

Work telephone # ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECTION II - FINANCIAL REQUIREMENTS**

Annual expenses for International students are as follows: **Effective starting Fall 2019**

Tuition and Fees	U.S.	\$20,556.00*subject to change without notice (18 credits) some programs have Special rates.*
Room & Board	U.S.	10,695.00 (Pioneer Hall & Meal Plan 10 - Debit Plan. May be exempt if notarized affidavit of room & board is submitted)
Books &Supplies	U.S.	1,600.00
Miscellaneous	U.S.	2,250.00
Transportation	U.S.	890.00
<b>Total</b>	<b>U.S.</b>	<b>\$35,991.00</b>

**There are two loan programs available to International students. Here is the link for your use:**

<https://www.wpunj.edu/financial-aid/loans/alternative-loans.html>

**\*WPUNJ RESERVES THE RIGHT TO ESTABLISH THIS DOLLAR AMOUNT AS AN ESTIMATE FOR ANNUAL EXPENSES INCURRED WHILE ATTENDING THIS SCHOOL.**

A. In view of these expenses, indicate the approximate U.S. dollar amount and source will be contributed annually toward the total of **US \$35,991.00** from the following:

1. Applicant's Personal Funds U.S. \$ \_\_\_\_\_

2. Family Funds U.S. \$ \_\_\_\_\_

Name/Relation \_\_\_\_\_

3. Funds from a sponsor U.S. \_\_\_\_\_

4. Funds from another source U.S. \$ \_\_\_\_\_

Name/Relation \_\_\_\_\_

**\*Please note that evidence of financial support must come from liquid assets (savings, checking, certificate of deposits, government bonds, money market). Also, under no circumstance will checking commercial accounts be accepted. Please submit original copies on bank letterhead.**

**FUNDS FROM ANOTHER SOURCE**

Identify and explain any contributions listed under this heading. Scholarships and grants should be listed

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here and accompanied by a letter from the sponsoring agency indicating dollar amount and for how many years the award will be granted. For example: a letter from your government, a private organization or a graduate assistantship letter.

5. Total USA funds \$ \_\_\_\_\_

**DOCUMENTATION FOR EACH SOURCE MUST BE PROVIDED**

If married, will your spouse accompany you to the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ If you have children, how many will accompany you? \_\_\_\_\_

Please list name, date of birth, and country of birth for spouse and each child coming with you to the U.S.

Name	Date of Birth	Country of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your spouse and/or children will accompany you to the U.S. you will be required to provide additional documentation for their support. Listed below are the additional amounts you will need to certify for each dependent.

**Spouse (husband or wife)                      \$ 4,500                      Child (each)                      \$ 3,500**

**Note:** Health insurance for all visa dependents is strongly recommended.  
Health insurance for J-1 visa holders is mandatory (see attachment)

B. For each source you indicated on section A, complete the corresponding section below and have your sponsor complete a notarized affidavit of support.

**SECTION III - SIGNED STATEMENT**

The statement below should be read and signed by you, your parents or guardian, and your sponsors (if you have one). **Unsigned incomplete forms will be returned promptly.**

I/We swear that the financial data provided on this sheet, is accurate and complete. We understand that financial assistance is unavailable through the University, and we hereby agree to meet All University and living expenses incurred by the named student during the duration of study in the United States. These **funds are not and will not be used to support another student in the United States.**

Student's Signature \_\_\_\_\_

Parent/Sponsor's Signature \_\_\_\_\_

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**HOW TO PAY THE SEVIS FEE:** Upon receiving an I-20 form, please visit:

<https://www.ice.gov/sevis/i901>

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**AFFIDAVIT AND STATEMENT OF SUPPORT**

I \_\_\_\_\_, whose address is \_\_\_\_\_  
\_\_\_\_\_, being duly sworn, agree that my  
intention to have \_\_\_\_\_ (Student Name), who resides at \_\_\_\_\_

(Foreign or local address), come to the United States to study at William Paterson University in Wayne, New Jersey. I also testify that I am able to maintain and support the prospective student, whose financial expenses will be approximately **\$35,991.00** per year. Furthermore, I am ready and willing to deposit a bond, if necessary, to guarantee that said prospective student will not become a public charge during his/her stay in the United States. This affidavit is for the purpose of assuring the University that Mr./Ms. \_\_\_\_\_ (name of the student) will not find it necessary to appeal to the University for any type of financial aid, housing, and/or other material aid.

\_\_\_\_\_  
Name of sponsor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Local telephone #

**SEAL REQUIRED**

*I certify that the foregoing statements, made by me are true and accurate.*

Subscribed and sworn before  
me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
(Notary)

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SPONSOR'S AFFIDAVIT OF FREE ROOM AND BOARD

I hereby certify that I am willing and able and will provide

Full name of student (first, middle, and family names)

With a free room and all meals for every year of study at WPU.

My relationship to the student is

Address of room or apartment offered to student:

Number and street Apartment Number

City

State

Zip Code

How many rooms are in the house or apartment?

How much space will be reserved for the exclusive use of the student?

Does the sponsor live at the address listed above?

Does the sponsor own or rent the property?

You must sign below in the presence of a notary public or official. The notary public must sign and put the official seal on the affidavit. Both you and notary must sign any erasures or changes.

AFFIRMATION OR OATH

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

Print Name

Signature of Sponsor

SEAL REQUIRED

I certify that the foregoing statements, made by me are true and accurate.

Subscribed and sworn before me this day of

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OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS/NSE PROGRAM  
300 POMPTON ROAD · WAYNE, NEW JERSEY 07470-2103  
RAUBINGER HALL · 2<sup>nd</sup> Floor · ROOM 207B  
973.720.2976 FAX 973.720.2336 · WWW.WPUNJ.EDU

### INTERNATIONAL STUDENT ADVISOR'S REPORT

**NOTE:** Only F-1 visa students who are already attending school in the United States (transfer, second degree, and master degree applicants) need to submit this form.

Student's Name \_\_\_\_\_

Home Address \_\_\_\_\_

**TO THE STUDENT:** Please read carefully and sign in the space provided. Present this form to your **International Student Advisor or Dean assigned to International Students at the University** you are presently attending, for completion. **Applications are considered incomplete if this form is not forwarded.**  
I, \_\_\_\_\_, grant permission for the information requested to be forwarded to William Paterson University.

\_\_\_\_\_  
Date Student's signature

**Please attach photocopies: current I-20/DS-2019, I-94, visa, and passport**

**TO THE INTERNATIONAL STUDENT ADVISOR:** The student named above is applying for Admission to William Paterson University

Please mail or email your reply to: **William Paterson University**  
**Office of Graduate Admissions**  
**300 Pompton Road, Wayne, NJ 07470**  
[Graduate@wpunj.edu](mailto:Graduate@wpunj.edu)

1. Is the student eligible to continue at your institution? \_\_\_\_\_
2. Has the student met all financial obligations to your institution? \_\_\_\_\_
3. To the best of your knowledge, has the student met all obligations to the Immigration and Naturalization Services? \_\_\_\_\_
4. Last authorized extension of stay valid until (SEVIS records transfer on): \_\_\_\_\_
5. We would appreciate any comment you think may be helpful to us. \_\_\_\_\_

\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Title Institution  
\_\_\_\_\_  
Phone Address, Zip Code

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