



申請 I-20 表格所需提供之材料

海外申請 請提供文件 1 至 6
<ol style="list-style-type: none">1. Application for the Immigration Certificate of Eligibility (I-20 申請表格)2. Declaration & Certification of Finances (經濟來源表格)3. 經濟擔保文件影印件: 兩年有效 I-20 - \$41,000 或 特許一年有效 I-20 - \$21,000<ul style="list-style-type: none">● 申請人名下, 開學前三個月內開出, 顯示三個月交易紀錄的銀行儲蓄或支票賬戶的存款證明 或/及● 經濟擔保人填寫的 Affidavit of Support 經濟擔保表格與及 Sponsor Supporting Evidence 擔保人經濟證明材料 (請參照 Sponsor Supporting Evidence 說明)4. 高中或大學畢業證明, 必須翻譯成英文及公證5. 有效護照複印本6. 留位費: \$100 (不退還) 只收支票或郵政匯票, 擡頭請寫 QCC。學生入讀英文班時, 此費用可抵免\$100 元學費
轉校 請提供以上文件 1 至 6 與及 7 和 8
<ol style="list-style-type: none">7. F-1 Student Status Verification Form (轉校表)8. 簽證, I-94 網絡影印件以及所有以前進修學校之 I-20
更改身份 請提供以上文件 1 至 6 及 9 和 10
<ol style="list-style-type: none">9. 簽證, I-94 網絡影印件10. I-539 form, 並請諮詢工作人員11. 學生所寫為何要改換身份之解釋信12. 申請費: \$370 支票或匯票 (給美國國土安全局)。抬頭寫: U.S. Department of Homeland Security.
身份復原 請提供以上文件 1 至 6 及 8, 10, 11
<ol style="list-style-type: none">13. 學生所寫申訴材料及證明其合理有效性的文件

因個案差異, 學生可能還需要提供其它文件。將表格及留位費郵寄或呈交到 Port of Entry 英文班辦公室 Science Building, Room 108, Queensborough Community College, 222-05 56th Avenue, Bayside, NY 11364. 你也可以通過電郵 POE@qcc.cuny.edu 或電話 (718)281-5410, (718)640-9200 方式聯絡我們

網址: www.QCC.CUNY.edu/POE 備有中/英文版



Application for the Immigration Certificate of Eligibility (Form I-20)

International students who are admitted into Port of Entry English program at QCC will need to obtain an Immigration Certificate of Eligibility (Form I-20), in order to enter and/or remain in the U.S. as an F-1 student. This requirement applies whether you are a new student, a transfer student from another U.S. university, or a student transferring between CUNY colleges. (Please type or print clearly with a pen)

1	NAME as in passport				<input type="checkbox"/> Male <input type="checkbox"/> Female
		Surname	First Name	Second given, or middle name	Sex
2	PRIMARY RESIDENCE (Address)				
		Number and Street	City, State	Country	Postal Code
3	CONTACT INFORMATION				
		Cell Phone	Fax Number	Email	
4	DATE OF BIRTH		Place of Birth		
		Month/Day/Year		City and Country	
5	COUNTRY				
		Country(ies) of Citizenship		Country of Residence	
6	PERMANENT OVERSEAS ADDRESS				
		Number and Street	City, State	Country	Postal Code
7	MAILING ADDRESS IN U.S.A. (if known)				
		Number and Street	City, State	Country	Postal Code
8	EXPECTED SEMESTER OF ENROLLMENT	<input type="checkbox"/> Fall 20_____	<input type="checkbox"/> Spring 20_____	9	PROGRAM OF STUDY Port of Entry English Program
		<input type="checkbox"/> Summer 20_____			
10	DID YOU COMPLETE HIGH SCHOOL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11	ARE YOU CURRENTLY STUDYING AT A U.S. INSTITUTION OR COLLEGE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			12	DO YOU CURRENTLY HOLD F-1 STATUS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY APPLICANTS ALREADY IN THE U.S.

If you are currently in the U.S., please indicate your immigration status. Attach a copy of the passport pages with the passport number, expiration date of passport, and the U.S. visa stamp. Include copies of both sides of Form I-94 for yourself and accompanying family members.

13	F-1 STUDENT STATUS	<input type="checkbox"/> Yes <input type="checkbox"/> No	CURRENTLY IN STATUS	<input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copies of ALL your previous I-20s)
14	UNIVERSITY THAT ISSUED MOST RECENT FORM I-20		SEVIS #	
15	CURRENT U.S. SCHOOL			
		Name	Address: Number and Street	City State ZIP Code
16	OTHER IMMIGRATION STATUS (IF APPLICABLE, SPECIFY TYPE)			
17	I-94 ADMISSION NO.		I-94 EXPIRES ON	
				Month/Day/Year

Declaration & Certification of Finances

Please indicate the source and amount of your financial support for the first three years of study at Queensborough Community College, for the college requires documentation of guaranteed support for the first year and projected support for future years. Note that costs may rise every semester. Total amounts must meet or exceed the estimate of expenses (see "Sponsor Supporting Evidence" page).

U.S. immigration authorities require colleges to receive satisfactory financial certifications from prospective students before issuing a Form I-20. Therefore, you must attach a copy of the original documents for each source of financial support you indicate. Please refer to the "Sponsor Supporting Evidence" page for a list of acceptable supporting documents. Be sure to have an additional set of original documents for your appointment at the U.S. Consulate (or Embassy) overseas.

Complete and send in this page with your application. Provide as much detail as possible. Please type or print clearly with a pen.

SOURCES OF FINANCIAL SUPPORT (Amount in U.S. Dollars)

		Guaranteed Support Yr.1	Projected Support Yr.2
A	STUDENT (if Self-Sponsor)		
		\$	\$
	Name (as in passport)		
	The student must provide the following document in English: a bank officer's summary statement of account history signed and stamped by bank officer.		
	Name of bank (if self-sponsor)	Location	City
			Country
B	NAME OF SPOUSE AND CHILDREN ACCOMPANYING/FOLLOWING TO JOIN PERSON		
		\$	\$
	Spouse (as in passport)	Sex	Age
	Child (as in passport)	Sex	Age
	Child (as in passport)	Sex	Age
	Child (as in passport)	Sex	Age
C	PARENTS, AND/OR OTHER INDIVIDUAL SPONSORS		
		\$	\$
	Name	Relationship to Student	
		\$	\$
	Name	Relationship to Student	
D	GOVERNMENT, UNIVERSITY, OR OTHER SPONSOR		
		\$	\$
	Source		
		\$	\$
	Source		
	(Attach current signed official copy of the terms of sponsorship, including amount of support in U.S. dollars and period covered.)		
GRAND TOTALS		\$	\$

THE COLLEGE CANNOT ISSUE A FORM I-20 UNTIL YOU MEET ALL REQUIREMENTS FOR FINANCIAL DOCUMENTATION.

*By signing my name to this form, I certify that the information above is a correct statement of my arrangements for financing my studies
Queensborough Community College of The City University of New York.*

Student's Signature	Date: (Month/Day/Year)
Student's Name (Print)	

AFFIDAVIT OF SUPPORT

This form is for individuals using their own income and/or savings to support a student. It must be completed by the person who will provide the student with full or partial financial support and/or room and board during the student's course of study at Queensborough Community College of The City University of New York.

SPONSOR INFORMATION	
1	I, _____, citizen of _____, (Name of sponsor) (Country/ies) and residing at _____ (Street) (City/State) (Country) (Postal Code) (Telephone)
2	I am employed with _____ located at _____ (Name of employer) _____ (Street) (City/State) (Country) (Postal Code) (Telephone) I receive an annual income of \$ _____ (U.S.) from this employment. Attach verification of annual income (e.g., paystubs, record of regular bank deposits). The verification of annual income must be written in English or come with a certified translation.
3	I have \$ _____ (U.S.) on deposit with Name of Bank: _____ Address of Bank: _____ (Number and Street) (City) (State) (Postal Code)
4a	I currently support _____ persons (including myself). My total annual income is \$ _____ (U.S.). My total annual expenses are \$ _____ (U.S.).
4b	I sponsor _____ (number) individuals for immigration in addition to this affidavit.
STUDENT SUPPORT INFORMATION	
5	This affidavit is executed on behalf of _____ who was born on _____. S/he is my _____ (Name of Student) (Month/ Day /Year) _____ (Relationship to Sponsor)
6	I hereby certify that I am willing, able, and do commit to provide _____ with the annual amount of \$ _____ (U.S.) for her/his tuition, fees, and/or living expenses each year during the entire program of study at Queensborough Community College CUNY until _____ (give a date when the sponsorship is expected to terminate).
ROOM AND BOARD SUPPORT INFORMATION (To be completed if student will live in the sponsor's home in the U.S.).	
7	I hereby certify that I will provide _____ with (check one): (Name of Student) <input type="checkbox"/> Room only in my home at the address indicated above (valued at \$13,848) OR <input type="checkbox"/> Full room and board in my home as indicated above (valued at \$16,695) during each year that s/he follows a program of study at Queensborough Community College CUNY.
SIGNATURE	
By signing my name to this affidavit, I certify that the information above is a correct statement of my agreement to sponsor the student herein named. _____ Signature of sponsor Month/Day/Year Name of Sponsor (Print) _____	

SPONSOR SUPPORTING EVIDENCE

In addition to the attached Affidavit of Support, the sponsor must submit evidence of income and resources, as appropriate:

A	Bank statement that includes the following information: <ol style="list-style-type: none"> 1. Account holder's name and account number 2. Transaction history for the past three months 3. Present balance
B	Sponsor Employment verification: <ol style="list-style-type: none"> 1. Last three months of paystubs (pay voucher) 2. Last three months of bank account transaction history showing regular deposits
C	Additional documents required (if applicable): <ol style="list-style-type: none"> 1. Copy of last income tax return filed (if required in your country) 2. Commercial license or registration (if self-employed) 3. Copy of lease/mortgage/renter's agreement (if providing room and board)
D	Sponsor in the United States must provide one of the following: <ol style="list-style-type: none"> 1. U.S. Passport 2. U.S. Certificate of Naturalization 3. Permanent Resident Card

Estimate of 2017-18 Expenses for International Students Attending the City University of New York

Tuition and fees per academic year (12 mon..... \$4,825.00*

Student Living Expenses

Books and supplies.....	\$480.00
Transportation.....	\$772.20
Personal Expenses.....	\$4,510.00
Housing.....	\$6,600.00
Meals (at home).....	\$2,592.00
Lunch.....	\$712.80
Total Student Living Expenses.....	\$15,667.00

Total Annual Expenses.....\$20,492.00

Tuition and fees may rise every semester. Student must attend the full-time academic program to maintain lawful immigration status.



Port of Entry Program

F-1 STUDENT TRANSFER ENROLLMENT STATUS FORM

U. S. Citizenship & Immigration Services requires this office to have the following information in order to process your transfer. After you have completed Section 1, **please submit this form to the International Student Advisor** at the last school you attended before you were accepted to this program.

Section 1 – TO BE COMPLETED BY STUDENT

I have been admitted to the Port of Entry English Program at Queensborough Community College for the _____ Semester. I grant permission for the information below to be forwarded to Queensborough Community College’s Office of International Student Affairs.

LAST NAME, FIRST NAME	DATE OF BIRTH	SOCIAL SECURITY #
COUNTRY OF BIRTH	I-94 #	SEMESTER REQUESTED <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__
STUDENT SIGNATURE		DATE

Section 2 – TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

The student named above has been admitted to the Port of Entry Program at **Queensborough Community College** for the term indicated. Please complete **Section 2** and return this letter to the Port of Entry Program Office by mail (Queensborough Community College, S-108, 222-05 56 Avenue, Bayside, NY 11364) or by fax. **In the SEVIS System, Queensborough Community College is located under THE CITY UNIVERSITY OF NEW YORK. (NYC214F00812016)**

SEVIS ID #	SEVIS RELEASE DATE
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- Student ___was /___was NOT authorized to attend our school according to Immigration regulations.
- Student was pursuing a full course of study or maintaining status the preceding _____ term, _____(year).
Date Attended: From ____/____/____(MM/DD/YY) to ____/____/____(MM/DD/YY)
- Student ___was not pursuing a full course of study or maintaining status the preceding term (or the last term preceding the summer vacation). Please contact us before transferring the student out in the SEVIS if reinstatement is needed.
- In my opinion the student is eligible for transfer under Notification Procedure: YES_ / NO__
Comments: _____

Signature of Designated School Official: _____ Date: _____

Name of DSO (Please Print) _____ Title: _____

Name of Institution: _____ Phone: _____ Fax: _____

Address: _____ E-Mail: _____