

REQUISITOS PARA OBTENER EI FORMULARIO SEVIS I-20

ASISTENCIA INICIAL (En el País de Origin) Por Favor, Dar Artículos 1 al 6

- 1. Solicitud de Certificado de Inmigración de Elegibilidad (FORMULARIO I-20)
- 2. Declaración y Certificación de Finanzas
- Prueba de Evidencia Financiera (Copia): Admisión es por un período de dos años académicos (\$41,000) a no ser que se indique lo contrario por un año (\$21,000):
 - Estado de cuenta bancaria del estudiante que muestra las transacciones de los últimos 3 meses en Inglés (Cuentas de ahorro y cheque) y / o
 - Carta de Sostenimiento con la evidencia de ingresos y recursos (por favor consulte la página "Patrocinador Apoyo evidencia" para obtener más información)
- 4. Diploma de graduación de la escuela secundaria o la universidad (Debe ser traducido en Inglés y notariado)
- 5. Pasaporte (copia)
- Depósito de Compromiso: \$100 (Cheque o Money Order a Nombre de "QCC". Este depósito no reembolsable será acreditado en su totalidad a su factura de la matrícula si se inscribe en el programa para el próximo semestre)

Estudiante de Transferencia

además de los 6 artículos debe de dar artículos 7 & 8

- 7. F-1 Estado Formulario de Verificación del Estudiante (Formulario de Transferencia)
- 8. Visa, I-94 Printado del web y todas las anteriores I-20s (Copia)

CAMBIO DE ESTADO

Por favor dar artículos del 1 al 6 & 9 al 10

- 9. Visa, I-94 Printado del web
- 10. Formulario I-539 (Por favor, consulte con el personal del programa para obtener más información)
- 11. declaración escrita del estudiante explicando el motivo del cambio de estado
- 12. \$370 tasa de solicitud en forma de cheque o giro postal a nombre de United States Department of Homeland Security

<u>READMISIÓN</u>

Por favor dar artículos del 1 al 6, artículo 8, 10 & 11

13. Declaración escrita y las pruebas.

Estudiantes también puede tener que ofrecer una prueba más, determinado sobre una base de caso por caso. Por favor, envíe o entregue los documentos anteriormente mencionados a el Departamento de Port of Entry Program en el Science Building, Habitación 108, Queensborough Community College, 222-05 56 Avenue, Bayside, NY 11364. También puede contactar a través POE@qcc.cuny.edu o al (718)281-5410 y 718-640-9200. Visítenos en www.QCC.CUNY.edu/POE



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					□ Male □ Female
		Surname	First Name	Seco	ond given, or middle na	ame Sex
2	PRIMARY RESIDENCE					
	(Address)	Number and Street	City, State		Country	Postal Code
3	CONTACT INFORMATION					
		Cell Phone	Fax Number	r	Email	
4	DATE OF BIRTH		Place of			
		Month/Day/Year	Birth City :	and Country		
5	COUNTRY					
		Country(ies) of Citizenship		Country of Resi	idence	
6	PERMANENT OVERSEAS					
	ADDRESS	Number and Street	City	, State	Country	Postal Code
7	MAILING ADDRESS IN					
	U.S.A. (if known)	Number and Street	Cit	y, State	Country	Postal Code
8	EXPECTED SEMESTER OF	\Box Fall 20 Spring		PROGRA	M Port of Entry E	English Program
0	ENROLLMENT	□Summer 20		OF STUD	Y	
10	DID YOU COMPLETE HIGH SCHOOL?	YesARE YOU CUENo11No11		\Box_{Yes}	DO YOU CURR HOLD F-1 STAT	

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 S	STATUS	$\square_{\text{Yes}} \square_{\text{N}}$	No	CURRENT IN STATU		□ Yes (Attach		ALL you	ır previous I-2	20s)
14	UNIVERSITY MOST RECH							SEVIS #			
15	CURRENT U.S. SCHOOL	Name			Address: Num	ber and	d Street	Cit	y	State	ZIP Code
16	OTHER IMMIGRA (IF APPLICABLE, S										
17	I-94 ADMISSIO NO.	N				I-94	EXPIR	ES 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
Α	STUDENT (i	f Self-Sponsor)			1	
					\$	\$
	Name (as in passport)					
	The student must provide the following docum			's summary		
	statement of account history signed and stamp	ed by bank offic	er.		-	
	Name of bank (if self-sponsor)	Location	City	Country		
В	NAME OF SPOUSE AND CHILDREN ACCOM	PANYING/FOL	LOWING TO	· · · · · · · · · · · · · · · · · · ·	ĺ	
					\$	\$
	Spouse (as in passport)	Sex	K	Age		
	Child (as in passport)	Sez		Ago	-	
	Cliffd (as in passport)	362	A	Age	-	
	Child (as in passport)	Sex	x	Age		
	Child (as in passport)	Se		Age		
С	PARENTS, AND/OR OTHE	R INDIVIDUAL	SPONSORS			
					\$	\$
	Name		Relationship	to Student		
	Name		Relationship	to Student	\$	\$
					Ť	Ť
	Name		Relationship	to Student		
-			D CDONGOD			
D	GOVERNMENT, UNIVERS	SITY, OR OTHE	K SPUNSUK		\$	\$
					Ψ	Ψ
	Source					-
					\$	\$
	Source					
	(Attach current signed official copy of the terms of	of sponsorship, in	cluding amoun	t of support in	1	
	U.S. dollars and period covered.		~		J	
	GRAND	TOTALS			\$	\$
	GRAID					

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 INFOR	MATION		
	I.		. citizen of		
1	I,(Name of s	ponsor)	,		(Country/ies)
1	and residing at				
	(Street)	(City/State)	(Country)	(Postal Code)	(Telephone)
	I am employed with				located at
		(Na	ame of employer)		
	(Street)	(City/State)	(Country)	(Postal Code) (Telephone)
2	(Sileer)	(City/State)	(Country)	(Postal Code) (Telephone)
	I receive an annual income of \$				
	income (e.g., paystubs, record of re English or come with a certified tra			ual income m	ust be written in
	~~~~				
	I have \$(U.S.	•			
3	Name of Bank:				
J	Address of Bank:				
		Number and Street)			(Postal Code)
<b>4</b> a	I currently support	_ persons (including mys	elf). My total annua	l income is \$	(U.S.).
	My total annual expenses are \$				
4b				CC 1 1	
40	I sponsor (number) in			affidavit.	
_	This affidavit is executed on behal	f of(Name of Student)	who was born o	on (Month/ Day	$_{_{_{_{_{_{_{}}}}}}}$ . S/he is my
5		(i value of Student)		(monur Du	( / 1001)
	(Relationship to Sponsor)				
	I hereby certify that I am willing, a				
6	\$ (U.S.) for her/hi study at Queensborough Commun				
	sponsorship is expected to termina			(give )	a date when the
R	OOM AND BOARD SUPPORT INFO	ORMATION (To be comp	leted if student will liv	ve in the sponse	r's home in the U.S.).
	I hereby certify that I will provide		with (check one	e):	
	I hereby certify that I will provide	(Name of Student)		-)-	
7	$\Box$ Room only in my home at the a	ddress indicated above (v	alued at \$13,848) C	R	
	□ Full room and board in my hom			ing each year	that s/he follows a
	program of study at Queensboroug	h Community College C SIGNATUR			
	By signing my name to this affida			orrect stateme	nt of my agreement
	to sponsor the student herein name				
	Signature of sponsor				Month/Day/Year
	Name of Sponsor (Print)				



Port of Entry Program

## SPONSOR SUPPORTING EVIDENCE

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

- Bank statement that includes the following information:
  - 1. Account holder's name and account number
  - 2. Transaction history for the past three months
- 3. Present balance

Α

B

С

Sponsor Employment verification:

- 1. Last three months of paystubs (pay voucher)
- 2. Last three months of bank account transaction history showing regular deposits

Additional documents required (if applicable):

- 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)

Sponsor in the United States must provide one of the following:

- **D** 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	
Personal Expenses	\$4,510.00
Housing	\$6,600.00
Meals (at home)	\$2,592.00
Lunch	\$712.80
Total Student Living Expenses	

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    Fall 20   Spring 20   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)

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SEVIS ID #	SEVIS RELEASE DATE

- 1. 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)

3. 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.

4. 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:		