



Application for Form I-20

Part I: Personal Information

Name of Applicant _____
Family Name First (given) Middle

Permanent Address in home country

Home Telephone _____ E-mail _____

U.S. Address _____
(if known)

City State Zip code

Male _____ Female _____ Birth date ____/____/____

Country of Birth _____ Country of Citizenship _____

Have you been notified of your admission to Molloy College? Yes ___ No ___

Program of Study _____ Program Level: A.S. ___ B.S./B.A. ___ M.S. ___

I expect my program of study to take ____ years to complete.

If you are a transfer student, what institution are you transferring from?

Transfer students must submit the enclosed Transfer-In Information Form

I plan to bring my dependant(s) with me to the U.S. Yes ___ No ___

Students planning to have his/her family member(s) accompany him/her must show and additional **\$5,000** for the spouse and **\$4,000** per child, per calendar year of intended study. Please complete the following information for all dependants that will accompany you.

Name (family, first) Date of Birth Country of Birth Relationship to you

Name (family, first) Date of Birth Country of Birth Relationship to you

Name (family, first) Date of Birth Country of Birth Relationship to you

Part II: Source of Financial Support

International students are required to show proof of financial support in the amount of:

Undergraduate		Graduate	
Tuition	\$32,900	Tuition	\$22,050
Fees	\$1,500	Fees	\$1,500
Room/Board	\$13,500	Room/Board	\$13,500
Books	\$1,000	Books	\$1,000
Transportation	\$2,000	Transportation	\$2,000
Personal	\$2,000	Personal	\$2,000
Total	\$52,900	Total	\$42,050

Please check off your means of financial support and indicate how much will be provided or available to you each year:

- | Source of Support | Amount (U.S. Dollars) |
|--|------------------------------|
| <input type="checkbox"/> Personal Funds -the amount available to me from my own resources every year | _____ |
| <input type="checkbox"/> Funds from Molloy College renewable every year
Type _____ | _____ |
| <input type="checkbox"/> Cash funds from a Sponsor to be given to me every year
Sponsor's name _____ | _____ |
| <input type="checkbox"/> Cash funds from a Sponsor to be given to me every year
Sponsor's name _____ | _____ |
| <input type="checkbox"/> Cash funds from a Sponsor to be given to me every year
Sponsor's name _____ | _____ |
| <input type="checkbox"/> Free Room and Board from a sponsor with whom I live.
Sponsor's name _____ | _____ |
| <input type="checkbox"/> Other types of financial support
Specify _____ | _____ |

Total funds available to me every academic year. _____
This amount must be equal or exceed the total cost above

The Application for Form I-20 and all required documents should be returned to or emailed to cdipietro@molloy.edu:

**Molloy College
Enrollment Management
1000 Hempstead Avenue
Rockville Centre, NY 11571-5002**