



MOLLOY UNIVERSITY

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 _____ City of Birth _____

Country of Citizenship _____

Have you been notified of your admission to Molloy University? 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

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Part II: Source of Financial Support

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

Undergraduate		Graduate	
Tuition	\$36,280	Tuition	\$17,000
Fees	\$2,500	Fees	\$2,500
Room/Board	\$18,000	Room/Board	\$18,000
Books	\$1,500	Books	\$1,500
Transportation	\$2,200	Transportation	\$2,200
Personal	\$2,200	Personal	\$2,200
Total	\$62,680	Total	\$43,400

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 University 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 University
Student Solution Center
1000 Hempstead Avenue
Rockville Centre, NY 11571-5002**