

One Felician Way • Rutherford, NJ 07070, USA oip@felician.edu • Felician.edu

Tel: 201.559.3518

Felician University I-20 Application

This form must be completed by all international students applying for F-1 status, and by those who currently hold F-1 status. All questions must be answered; if a question does not apply, please write "N/A" (not applicable) in the space. I-20 forms will be issued only upon receipt of this completed application and all other required documentation.

Personal Information:	Admission Status (please \checkmark): \Box Applying For (please \checkmark): \Box	Freshman Initial I-20	□ Transfer □ Transfer I-20	□ Graduate□ Exchange/DEE□ Change of Status I-20	
Family Name:		First/Given Name:			
Country of Birth:		Country of Citizenship:			
Date of Birth (MM/DD/YYYY):		Gender:	□ Male	□ Female	
Permanent Address (in hom	e country):				
City:	State/Province:	Postal (Code:	Country:	
Contact Email:					
*If you are transferring yo	our I-20, please put the last U.S. a	address you	resided at.		
Mailing Address (if different	from Permanent Address):				
City:	State/Province:	Postal (Code:	Country:	
Contact Email:			_ Telephone:	·	
Room & Board Informa	tion:				
	Felician University residence hal	l.	□ Yes	□ No	
•	ousing I will find on my own.		□ Yes	□ No	
I plan to live off campus witl	h a family member or friend.		□ Yes	□ No	
Will you be bringing any dependents (spouse or children) with yo			□ Yes	□ No	
*If you checked 'Yes,' ple	ase submit the Dependent Form	with this ap	plication		
Student Certification					
it is my responsibility to ma	certify that the contents and answintain lawful F-1 status as a full-ty of my I-20 information or infor	ime student	t at Felician Unive	ersity and update the Office of	
Student Signature			 Date		



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Estimated Expenses 2025 - 2026

Felician University is required to certify to the U.S. government that you are eligible to receive an F-1 Visa. Note: The costs indicated below are estimates and may vary on program of study. The tuition and fee estimates are based on full-time attendance required for each fall and spring term (12-18 credits for undergraduate and 9 credits for graduate students).

The costs below are estimates for one academic year (fall and spring semesters) and do not include costs of living and studying during winter or summer break. If you plan to remain in the U.S. during the summer, you will need to ensure that you have additional funds for your living expenses.

You must show the Year 1 funds in full via a bank statement (checking or savings account only). Proof of funding for all years after Year 1 can be met with the bank statement or by providing evidence of a sponsor's employment and income. Please upload all data into your profile in the SLATE portal.

Please also note that you should plan for annual increases in tuition, fees and room/board of about 4%. All costs are subject to change upon approval of the University's Board of Trustees. Fees indicated below cover mandatory and comprehensive fees. Some courses (science lab, computer science and art studio) may also have course fees, which are not indicated below.

Expense	Undergraduate	Undergraduate Nursing
Tuition	\$37,980	\$37,980
Fees	\$2,860	\$2,860
Room and Board	\$15,310	\$15,310
Books and Supplies	\$1,080	\$1,080
Health Insurance*	*Not required but recommended	\$1,950
Estimated Total	\$57,230	\$59,180

Expense	MBA/MSHA	MS	MS	MA	MA	PsyD
		Computer Science	Data Science	Education	Counseling	Counseling
			Cybersecurity		Psychology	Psychology
Tuition	\$22,230	\$13,590	14,850	\$13,590	\$17,280	\$21,690
Fees	\$65	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140
Room and Board	\$15,310	\$15,310	\$15,310	\$15,310	\$15,310	\$15,310
Books and Supplies	\$1,080	\$1,080	\$1,080	\$1,080	\$1,080	\$1,080
Estimated Total	\$38,685	\$31,120	\$32,380	\$31,120	\$34,810	\$39,220

Dependents

You must submit proof of additional funds in the amount of $\frac{$12,000}{}$ for a dependent spouse/adult and $\frac{$6,000}{}$ for each dependent (minor) child you plan on bringing with you.

Off-campus Housing

If you expect to receive free room and board from a local family member/friend (living with them while studying at Felician), then you will need to <u>submit our Off-campus Affidavit form</u>.



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Student Certification

Please complete the fields that apply to you below and show how you will support each year of

your program of study.					
Source of financial support per academic year (9 m	nonths)	Annual Amount			
1. Please enter the total Estimated Total indicated	on page 2 for your	\$			
program (for example, an undergraduate, non-nur	sing student would				
write \$55,080 in the box to the right)					
2. Total Award from Felician's Office of Admissions	(indicated on your	\$			
acceptance letter)					
3. Total Athletic Scholarship from Felician University	ty (if applicable)	\$			
4. Funds from Sponsor 1:		\$			
Sponsor's Name					
5. Funds from Sponsor 2 (if applicable):		\$			
Sponsor's Name					
6. Free room and board from a local sponsor in the	e U.S. (if applicable)	\$			
Sponsor's Name					
**put \$0 if you do not have a room and board spo		<u> </u>			
Please add lines 2-6 and write amount in the box to number must be equal or greater than the cost independent of the cost inde		\$			
number must be equal of greater than the cost mo	incated in box 1.				
Student Ackno	wledgment				
By signing below, I agree to the terms and condition	ons of this application. I c	ertify that the information			
I have provided is correct and complete to the best	of my knowledge. I unde	erstand that providing false			
information and/or supporting documentation may result in the cancellation of my admission to					
Felician University. I ALSO UNDERSTAND THAT:					
-the entire amount of tuition and general fees are due before the start of each semester					
-health insurance is not provided by Felician University					
-cost of attendance may rise in succeeding semesters					
Signature	Today's Date				
	(month/day/year)				
Please check all types of sponsorship you will have to help pay for your studies:					
Self-Sponsorship (bank statement submitted will be in your name)					
Family/Friend Sponsor					
Spansarship from Hama Country	(i a government sid)				

FELICIAN UNIVERSITY
The Franciscan University of New Jersey

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Financial Certification Form

Each sponsor must complete this form and provide proof of available funds for sponsorship for the duration of your academic program. Our office reserves the right to request additional financial documents if needed. The documents to prove your financial sponsorship must include:

- In English (or translated into English)
- Type of Currency
- Less than 3 months old from date of submission
- Type of Account
- Name of account owner clearly stated

Sponsor Information				
Your Relationship to Student:				
Surname/Last Name:		First/Given Name:		
Sponsor's Address:		,		
City:	Postal Code:	Postal Code: Country:		
Telephone:	Email:			
	Sponsor Empl	oyment Informa	tion	
Name of sponsor's employer:				
Annual Salary (U.S.D.):		Other Income (U.S.D.):		
Attach one of the following:				
Letter from current employer (on letterhead) OR pay statement				
Sponsor Promise				
I promise that I will give the following student,, no less than \$ (amount must be half of the sponsor's financial contribution) for EVERY SEMESTER of the student's program of study at Felician University.				
By Signing below, I agree to the terms and conditions of this form.				
Sponsor			Γoday's Date	
Signature: (month/day/year)			(month/day/year)	