

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 \Box	Freshman nitial 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	ıddress you	resided at.		
Mailing Address (if different	from Permanent Address):				
City:	State/Province:	Postal (Code:	Country:	
Contact Email:	tact Email: Telephone:		<u> </u>		
Room & Board Informa	tion:				
	Felician University residence hall	.	□ Yes	□ No	
•	ousing I will find on my own.		□ Yes	□ No	
	h a family member or friend.		□ Yes	□ No	
	pendents (spouse or children) wit	h you?*	□ 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 answ intain lawful F-1 status as a full-t y 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 months)		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 (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		\$		
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	•	Ş		
named must be equal of greater than the cost me	medica iii 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	rstand 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 stud	ies:		
Self-Sponsorship (bank statement submitted will be in your name)				
Family/Friend Sponsor				
Chancarchin from Hama Country	(i.e. 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

	Sponso	r Information		
Your Relationship to Student:				
Surname/Last Name:		First/Given Name:		
Sponsor's Address:		1		
City:	Postal Code: Country:		Country:	
Telephone:	Email:			
Sponsor Employment Information				
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				
	Spons	or 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 th	e terms and c	onditions of this form.	
Sponsor	Sponsor Today's Date		•	
Signature: (month/day/year)		(month/day/year)		

Tuition and Fee Financial Obligation Agreement

I confirm that I have read and understand the terms outlined below.

I acknowledge and agree to the following:

1. Financial Obligation:

I agree to pay all assessed tuition and fees resulting from my initial registration and/or any future drop/add activity each semester.

2. Responsibility for Payment:

I understand that I am responsible for paying for all classes in which I am registered after the final day of the term's drop/add period, as published on the University's Academic Calendar, unless I am enrolled in a satisfactory payment arrangement with the University.

3. Dropping Classes:

If I am not planning to attend, it is my responsibility to drop my classes, as the University will not automatically cancel my registration.

4. Payment Deadlines:

I acknowledge that payments must be received on or before the due dates listed on the University website and referenced in my e-billing statement within the Felician Payment Center. I understand that I may be charged late payment fees for delinquent payments.

5. Restrictions for Non-Payment:

I agree that Felician University may restrict my right to register or receive other University services in accordance with university policies until I pay all past due balances.

6. Contact Authorization:

I authorize Felician University and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es), or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to Felician University, or to receive general information from Felician University. This includes the use of automated telephone dialing equipment, artificial or prerecorded voice or text messages, and personal calls and emails. I understand that I may withdraw my consent to call my cellular telephone by submitting my request in writing to the applicable contractor or agent contacting me on behalf of Felician University.

7. Collection of Delinquent Debt:

I understand that any delinquent debt may be referred to an outside collection agency and that I am responsible for all additional costs related to the collection of my unpaid balance. I also understand that the University reserves the right to cancel any registration due to my delinquent unpaid debt.

8. Contact Information:

I agree to allow Felician University and its agents to contact me at any cell phone number that I provide now or in the future, using automated telephone dialing systems, artificial or prerecorded voice or text messages, or personal calls regarding my obligation to repay my debts to Felician University. I also authorize Felician University or its agents to contact me via my university email address (@students.felician.edu) or an email address that I provided to the University. I understand that others may be able to review my messages and/or emails related to my debts sent to or from Felician University, including their contents, which may include information about my debt and its status.

Student Name _	
Student Signature _	
Date	