



Application for I-20

“Certification of Eligibility for Nonimmigrant Student Status”

Supporting Document Checklist:

- Completed I-20 application
- Copy of passport identification - photo page
- If you are currently in the U.S., a copy of I-94 arrival record and current I-20
- Proof of financial documentation in U.S. Dollars (if applicable)
- Copy of EAD card if under post completion OPT (if applicable)
- F-1 Student Transfer/Clearance form (if applicable)
- If you are coming with a spouse/children, copy of passport identification of each dependent

Please email your completed application to WCM-ISS@med.cornell.edu

Surname:

Given Name:

Intended Education Level at WCM:

PhD

MD

Master's

Visiting Student

Program of Study:

Semester of Admission:

I am requesting (check one):

- I-20 “COE for Nonimmigrant Student Status” (F-1 visa)
- I will transfer my current F-1 status to Weill Cornell Graduate School (complete F-1 Student Transfer/Clearance form)

I am currently (check all that apply):

- In the U.S. following immigration status: _____
- Outside the U.S. and hold no immigration status. I will apply for an F-1 visa at the U.S. Consulate
- I will apply to change my status to F-1 while I am still in the U.S.
- I will leave the U.S., apply for an F-1 visa in my home country and re-enter before the program start date

Prospective Students Must Have the Following at Their Visa Interview:

- Form I-20
- Valid Passport
- Photo
- Visa application fee receipt
- Confirmation page of your Form DS-160 visa application
- Additional documentation suggested on local embassy or consulate website

Official information available at: travel.state.gov and [Study in the State](#)



SECTION A: PERSONAL / CONTACT INFORMATION

Print your name as it appears on your passport

Surname: Given Name: Middle Name:

Gender: Male Female Birthdate (MM/DD/YYYY):

Country of Birth: Country of Citizenship:

Country of Permanent Residence: Email:

Permanent/Mailing Address - outside the U.S. (required)

Street Address:

City: State/Province/Region:

Country: Postal Code:

Telephone (Country Code) (Number):

Would you like to receive your I-20 at the address provided above? Yes No
If no, please provide the address to which your I-20 should be sent.

Street Address:

City: State/Province/Region:

Country: Postal Code:

Telephone (Country Code) (Number):

Address is valid until:

Dependents: Complete "Section D" if your spouse and/or children will accompany you in F-2 status.



SECTION B: STATEMENT OF FINANCIAL RESPONSIBILITY

For Master's Degree Seeking Students Only

I understand that I am required to demonstrate sufficient funding for the first year of my program in liquid assets to cover full-time tuition and living expenses.

I understand that adequate funding must be available for the duration of my program at Weill Cornell Medicine and anticipated that I will have equally dependable sources of funding for subsequent years if need be.

The financial documentation I provided with this application is an accurate representation of my source of funding. I understand that if my funding sources change during my time at Weill Cornell Medicine, I will notify the DSO and request an updated I-20.

By checking this box, I verify that I understand and agree to the above statements.

Student Signature

Date

SECTION C: FINANCIAL SUPPORT AGREEMENT

For Master's Degree Seeking Students Only

The person providing financial support to the student should complete this section.

I hereby certify that I am willing, able and committed to provide (name of student) _____ a total of USD _____ per year for tuition, fee and personal expenses for each year of study at Weill Cornell Medicine. I have provided the student with financial documentation to include with the I-20 application.

By checking this box, I verify that I understand and agree to the above statements.

Signature

Date

Print Name: _____

Relationship to the student: _____



SECTION D: DEPENDENTS

Please include copy of passport identification for each dependent.

	Dependent 1	Dependent 2	Dependent 3
Surname			
Given Name, Middle Name			
Relationship			
Gender			
Birthdate (MM/DD/YYYY)			
City of Birth			
Country of Birth			
Country of Citizenship			
Country of Permanent Resident			

Please return this completed form and all supporting documents to WCM-ISS@med.cornell.edu

Please include the following in the "Subject" line of your email - "Last Name, First Name_I-20 Application"

OR

In person:

1300 York Avenue, Room A-131 (Attn: Sr. Coordinator for Student Success)