Documents Required to Obtain the I-20 from the College of Mount Saint Vincent

Fall 2015

International students entering the College of Mount Saint Vincent should SUBMIT THE FOLLOWING:

- Completed information sheets (contained below).
- If you have not done so already, an official transcript showing all courses taken in the past with grades; include a list of courses in which you are currently enrolled. If transcript is not in English, it must be accompanied by a translation.
- Copy of official score report from SAT, TOEFL or from IELTS
- Photocopy of your passport identification pages (those with your full legal name).
- Original financial documents from a bank or broker verifying financial support of the equivalent of USD $32,610 for the full 2015-16 academic year. Photocopies or certified copies will not be accepted! U.S. government stipulates original documents only!

Return materials in one package. Materials can be scanned and sent by email attachment to:

EMAIL: Jackie.williams@mountsaintvincent.edu

Mailing Address: Jackie Williams
College of Mount Saint Vincent
Office of Undergraduate Admission
6301 Riverdale Avenue
Riverdale, New York 10471 USA
Tel. 1-718-405-3267 • Fax 1-718-549-7945
College Website: http://www.mountsaintvincent.edu
Period of entry at the CMSV:  □ fall semester 201__  □ spring semester 201__
(check one only)

PERSONAL DATA (please type or print clearly in black ink)

Full legal name (as it appears in passport): ________________________________
Family Name  Given Name

Gender:  □ Male  □ Female

Date of birth: ________________________________
Month  /  Day  /  Year

Place of birth: ________________________________
City  Country

Country of Citizenship: ________________________________

Passport Number: ________________________________

Permanent home address:

____________________________________________________________________________________
Street Address

____________________________________________________________________________________
City  Province  Country

Postal Code  E-Mail Address

Parents/Guardians:

____________________________________________________________________________________
Name  Relationship to you

____________________________________________________________________________________
Name  Relationship to you
FINANCIAL CERTIFICATION

College of Mount Saint Vincent requires evidence of financial resources for room, board, and personal expenses, etc., for each International Exchange student. The student’s financial sponsor must sign the statement below and provide supporting documentation from his/her banker or broker as proof of financial means. We will not be able to issue the Form I-20 until we receive this information; the I-20 is needed to apply for an F-1 student visa at a U.S. consulate.

Please provide evidence of:  □ USD $32,610 for one year (two consecutive semesters)

Financial sponsor’s full name (please print clearly):

Family Name
Given Name

This is to certify that I will be the financial sponsor of (student’s name) __________________________ and I will assume full financial responsibility for these finances while s/he attends the College of Mount Saint Vincent.

Sponsor’s signature: ___________________________________________ Relationship to student: _______________

Sponsor’s complete address: ____________________________________________________________

ACADEMIC DATA

Primary Field of study: __________________________ Undergraduate Academic Department of Primary Interest

English proficiency (please fill-in the score below for one of the following):

__________ My most recent IELTS score   OR    ___________ My most recent TOEFL score

OR: Date on which you are scheduled to take either the IELTS or the TOEFL exam: _______________

NOTE: Please enclose a copy of your TOEFL or IELTS score report.

STUDENT CERTIFICATION/SIGNATURE

I certify that the information I have provided on this application is true and accurate. I understand I will be responsible for all educational expenses the College of Mount Saint Vincent. I also understand that I will be required to enroll in a US health insurance program through CMSV when I arrive.

__________________________________________ Date
Signature of Student