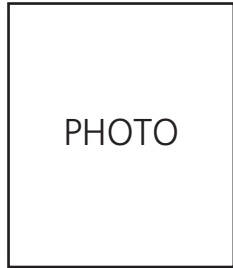


**Seton Hall University Enrollment Services**

400 South Orange Avenue, South Orange, New Jersey 07079-2680 USA  
Phone: (973) 761-9332 Fax: (973) 275-2040 • E-mail: [thehall@shu.edu](mailto:thehall@shu.edu)  
Web: [admissions.shu.edu](http://admissions.shu.edu)



**REQUEST FOR CERTIFICATE OF ELIGIBILITY (FORM I-20)**

*To be completed by students requiring a student visa ONLY.*

**APPLICATION INSTRUCTIONS** (Please print or type this application.)

The following information is needed to prepare the form I-20. **Complete and return with your application.**

**PERSONAL DATA**

- Male
- Female

**Name** \_\_\_\_\_  
Family/Sur \_\_\_\_\_ First/Given \_\_\_\_\_

**Birth Data** \_\_\_\_\_  
Month/Day/Year \_\_\_\_\_ Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Valid Until \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (Country & Code) \_\_\_\_\_ Fax (Country & Code) \_\_\_\_\_

**Permanent Address** \_\_\_\_\_  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (Country & Code) \_\_\_\_\_ Fax (Country & Code) \_\_\_\_\_

**Occupation** \_\_\_\_\_

Program you are applying to:  Graduate  Undergraduate  English as a Second Language

School you are applying to:  Arts & Sciences  Business  Diplomacy  Education  Nursing  Theology  
 Law  Graduate Medical Education

Expected semester of enrollment:  Fall  Spring  Summer  Other Year \_\_\_\_\_

Type of admission:  New  Re-admission  Transfer

Previous highest education: (School/Degree/Year) \_\_\_\_\_

Financial support will be provided by:  Personal Funds  Funds from Seton Hall:

(  Graduate Assistantship  Teaching Assistantship  Athletic Scholarship  Merit Scholarship)

Funds from another source  On-campus Employment  Other \_\_\_\_\_

**Dependents:** Please provide the following information for any members of your immediate family (spouse and/or children) who will be accompanying you. Students with accompanying families must verify an additional \$4,000 (U.S.) for spouse and \$2,000 (U.S.) for each child during the year of study. Documentation is required.

NAME	RELATIONSHIP TO STUDENT	DATE OF BIRTH	CITIZENSHIP

**TO BE COMPLETED BY APPLICANTS PRESENTLY OVERSEAS**

If you are not in the U.S., what type of visa do you plan to obtain to enter the U.S.? (Check as appropriate.)

F-1 Student Visa  Other Visa Type (Specify) \_\_\_\_\_