

## International Student Office Application for SEVIS Form I-20

Last Name		First Nan	ne	Middle Name	
<b>Gender:</b> □ Male □	of Birth:		Marital Status:	Marital Status: ☐ Married ☐ Single	
Foreign Address:					
	Number and Street				
City	Province/Re	gion	Country	<del></del> -	ZIP or Postal Code
U.S. Address:					
Num	ber and Street				
City		tate		ZIP or Postal Code	
()	(	)			
Home Phone Number		Mobile Phone Numbe	r — — —	Email Address	
City of Birth	ō	Country of Birth		Country of Citiz	zenship
Applying for:	☐Associate Deg	ree 🗆 Inten	sive English Pr	rogram (IEP) - Langu	age Training
Section 2 – Curre	nt Immigration	Status Informat	ion for appli	icants currently in	n the U.S.
Complete this sec otherwise move o	•	ou are in the U.S	S. and you ar	re applying for on	e of the following,
☐ Transfer-in with an F	-1 status □Red	questing reinstatemer	nt of F-1 status	☐ Change current s	tatus to F-I status
If you are applying for □B1/B2 □ J-1 □ H-	•	lease indicate which	n status you cur	rrently hold:	
Status expiration date	(As per Form I-94)		, to view	your Form I-94 visit	cbp.gov/194.
To confirm your elig status, contact the l					
Section 3 – Deper	ndents				
Do you expect to br please complete the			or child) to the	U.S. with an F-2 vis	sa? Tes No If yes

Section 4 – Delivery Information								
	uld like to receive yo Idress (standard mail)	_						
IF MAIL, please print	the name and address of	learly, exactly as it shou	ıld appear on the	e mailing envelope				
Last Name		First Name	Middle	Middle Name				
Street/Number								
City	State/Province	e Country		ZIP or Postal Code				
IF OFFICE PICK-UP	, who will pick up the A	cceptance Packet and S	EVIS Form I-20?					
· · · ·	acceptance Packet and S owing person to pick up	•	t and SEVIS Form	ı I-20 on my behalf:				
Last Name		First Name	<u> </u>					
()	() Mobile Phor	 ne Number Em	ail Address					
Section 5 – Emerge Please provide the co	ency Contact ntact information for the	e person who we shoul	d notify in case o	of an emergency.				
Contact Name:								
Contact Address:	Last Name	First Name	2	Relationship to Applicant				
	Number and Street							
City	State	ZIP c	or Postal Code	_				
() Home Phone Number	( ) <sub>_</sub> Mobile Phon		ail Address					
Section 6 – Signatu	ire							
I certify that the infor knowledge.	mation reported in this	form is accurate and tru	uthful to the best	of my ability and				
Student's Signature								