



I-20 APPLICATION FORM

CLEARLY PRINT THE FOLLOWING INFORMATION: (All information is required):

Family Name _____ First or Given Name _____
Country of Birth _____ Country of Citizenship _____
Date of Birth: ____/____/____
(Month/Day/Year)

Intended Major or Academic Program: _____

Email (Required): _____ Telephone (____) _____
Sponsor's Name: _____
Intended Term of Enrollment: Fall 20____ Spring 20____
Name and Phone Number of Friend or Relative in the United States:

FOR ALL STUDENTS: PERMANENT FOREIGN ADDRESS (Required for the I-20):

Address _____ Province _____
City/Town _____ Country _____
Postal Code _____

FOR F-1 TRANSFER STUDENTS: LOCAL MAILING ADDRESS WHERE YOU CURRENTLY LIVE IN THE UNITED STATES:

Street Address _____ City _____
State _____ Zip _____
Name and Location of Current School:

LIST DEPENDENTS (Spouse and/or Children) WHO WILL ACCOMPANY YOU TO THE UNITED STATES:

Family Name _____	Family Name _____	Family Name _____
Given Name _____	Given Name _____	Given Name _____
Date of Birth _____	Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____	Place of Birth _____
Citizenship _____	Citizenship _____	Citizenship _____