SEVIS I-20 SUPPLEMENTAL APPLICATION FOR ADMISSION

ALL STUDENTS MUST COMPLETE ALL SECTIONS OF THIS FORM

PLEASE INDICATE YOUR STUDENT CLASSIFICATION:

[ ] New Student  [ ] Transfer  [ ] Change of Status

PLEASE INDICATE WHAT IMMIGRATION FORM YOU ARE APPLYING FOR:

[ ] New I-20 for F-1 Academic Studies

[ ] New I-20 FOR F-2 Dependents

[ ] I-20 for M-1 Technical Studies

[ ] I-20 for M-2 Dependents

PLEASE INDICATE WHICH SEMESTER YOU ARE APPLYING FOR?

[ ] Fall semester ________ (Year)  [ ] Spring semester _______ (Year)

[ ] Summer semester ________ (Year)

WHAT IS YOUR MAJOR OR PROGRAM OF STUDY?

My program or major is: ________________________________
STUDENT INFORMATION:

Last Name: ____________________________

First Name: ____________________________ Middle Name: ______________

Date of Birth: (Month) ________ (Day) _________ (Year) __________

Foreign Address: ________________________________________

Street number and name

City or Town                           Country                                  Postal Code

Personal Email Address: ____________________________

Foreign Home Phone Number: _______________________

PLEASE INDICATE A UNITED STATES MAILING ADDRESS:

Name of person: ____________________________

U.S. Mailing Address: _________________________________

City                     State                     Zip code

U.S. Phone Number: _____________________

FINANCIAL SPONSORSHIP INFORMATION:

Name of Sponsor: ________________________________

Relationship to applicant: __________________________

Phone number of sponsor: __________________________
Address of financial sponsor: ______________________________

__________________ ________________  ______________
City     State    Zip Code

PLEASE PROVIDE An EMERGENCY CONTACT:

Name: _________________________________

Address: _______________________________,

City __________________

State _________________ Zip Code: ___________

Phone Number: __________________________

DEPENDENTS (SPOUSE OR CHILD):

***Please note, you must have $5,000 for each dependent***

1. Last Name: _________________________
   First Name: ________________________
   Date of Birth: (Month) ________ (Day) __________ (Year) __________
   Country: ____________________________
   Relationship to you: ________________

2. Last Name: _________________________
   First Name: _________________________
   Date of Birth: (Month) ___________ (Day) __________ (Year) _______
   Country: ___________________________
   Relationship to you: ________________
RELEASE INFORMATION:

Mail the SEVIS I-20 Form to the (choose one of the following):

[ ] My foreign address    [ ] My US address    [ ] Please give to my US sponsor
[ ] I plan to pick up my I-20 in person

By signing this form you are indicating that all information is accurate and true. Any information that is incomplete or not clear will delay the processing of your I-20.

Sign your name: _________________________
Print your name: _________________________
Today’s Date: (Month) __________ (Day)__________ (Year)__________