



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) _____