



# I-20 REQUEST FORM

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**COUNTRY OF CITIZENSHIP:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**COUNTRY OF BIRTH:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CITY OF BIRTH:** \_\_\_\_\_ **EMERGENCY CONTACT:** \_\_\_\_\_

**UNITED STATES ADDRESS:** \_\_\_\_\_

**REQUEST TYPE:** \_\_\_\_\_

**HOME COUNTRY ADDRESS:** (Required)  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSFER FROM SCHOOL NAME:** \_\_\_\_\_ **SEVIS ID #:** \_\_\_\_\_

**EDUCATION LEVEL:** \_\_\_\_\_

**APPLYING FOR THE TERM BEGINNING:** \_\_\_\_\_

**DEPENDENTS FOR F2 VISA:**

Full name	Relationship	Date Birth