

INITIAL I-20 REQUEST FORM

LAST NAME _____ FIRST NAME _____

USA ADDRESS:

HOME COUNTRY

ADDRESS:

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

BIRTHDATE: _____ COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

TYPE OF VISA: _____ ADMISSION NUMBER (I-94 NUMBER): _____

EXPIRATION OF PASSPORT: _____ ISSUING COUNTRY: _____

DO YOU HAVE ANY DEPENDENTS THAT YOU WANT INCLUDED ON THIS I-20: YES NO

IF YES, PLEASE COMPLETE THE ATTACHED FORM WITH DEPENDENT INFORMATION.

BEGINNING SEMESTER: _____ WINTER _____ SPRING YEAR _____

_____ SUMMER _____ FALL

LEVEL OF STUDY: _____ MASTER _____ BACHELOR

FIELD OF STUDY (MAJOR): _____

FINANCIAL SOURCE: _____ SELF _____ AMOUNT

_____ SPONSOR(S) _____ AMOUNT

Signature

Date

RETURN THIS FORM TO THE WALSH COLLEGE ADMISSIONS OFFICE. YOU MUST ALSO SUBMIT A COPY OF YOUR VISA, PASSPORT, I-94 FRONT AND BACK, ALL PREVIOUS I-20S AND A COPY OF EMPLOYMENT AUTHORIZATION DOCUMENT (IF ANY).