

Application for Form I-20

Personal Information

Name:

Last

First

Middle

Birth Date:

____/____/____
MM DD YYYY

Gender: Male Female

Country of Birth:

Country of Citizenship:

Foreign Address:

Street Address

City

Province/Territory

Postal Code

Country

U.S. Address:

Street Address

Apt/Suite #

City

State

ZIP Code

Telephone:

Email:

Program of Study (This section must be completed by a school administrator.)

Name of School:

City:

Full Year Tuition:

Estimated Living Expenses:

*** International students cannot be granted any type of scholarship, financial aid or tuition waiver by the school.**

Program Start Date:

Start of Academic Classes:

Grade Upon Entry:

Expected Graduation Date:

Is English proficiency required? Yes No

Does the student have the required proficiency? Yes No

Is the student applying through a third-party agency? Yes No

Name of the third-party agency:

*** Schools can only work with agencies that are registered with the Office of the California Attorney General.**

I certify that all the information above is true and correct to the best of my knowledge.

Title

Printed Name

Signature

Date