

INITIAL I-20 REQUEST FORM



Last Name _____

First Name _____

USA Address

Home Country Address

Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Birth Date: _____

City of Birth: _____

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.

Semester Start: _____ **Year** _____

Fall _____

Winter _____

Spring _____

Summer _____

Level of Study: Master _____ Bachelor _____

Field of Study (Major): _____

Financial Source: Self _____ Amount _____

Sponsor(s) _____ Amount _____

Signature

Date

Return this form to the International Student Advisor at the Admissions Office. You must also submit a copy of your visa, passport, I-94 card (front/back), all previous I-20's and a copy of employment authorization (if any).

WALSH

MERVYN B. WALSH INTERNATIONAL UNIVERSITY®