



I-20 Request Form

This confidential I-20 Request Form must be completed and submitted for issuance of your Certificate of Eligibility (Form I-20). Please print clearly and complete all applicable fields.

You must attach the following required documents:

- Financial Verification: bank statements or an official letter from a bank stating financial guarantee. Financial verification documents must have been issued within the last six months in order to be valid. If a sponsor will be supporting the student, please submit affidavit form.
- Copy of passport for student and dependents (if any).

PURPOSE

- Initial I-20 (From Outside the United States) Transfer from a U.S. School Reinstatement
- Change of Status* Current visa type _____

APPLICANT INFORMATION

Please write your name **EXACTLY** as it appears on your passport.

Last Name _____ Wongu Student ID number _____
 First (Given) Name _____ Middle Name _____
 Date of Birth (MM/DD/YYYY) _____ E-mail Address _____
 Gender Male Female
 Country of Birth _____
 Country of Citizenship _____
 Start Term Winter Spring Summer Fall
 Year _____
 Program Applying for Masters of Science in Oriental Medicine

FOREIGN ADDRESS

*A complete physical home address in your home country is required. P.O. boxes are **NOT** acceptable.*

Street Address _____
 City _____ Province/Territory _____
 Postal Code _____ Country _____

LOCAL U.S. ADDRESS

Only for individuals currently living in the United States

Street Address _____
 City _____ Province/Territory _____
 Postal Code _____ Country _____

TRANSFER INFORMATION

Required if transferring from another education institution in the United States

School Transferring from _____ SEVIS N# _____

SPONSOR INFORMATION

Sponsor's Last Name _____ Sponsor's First (Given) Name _____
 Relationship to Student _____

DEPENDENTS

Do you have dependents you would like to add to your I-20? Yes No

If yes, please fill out the Dependent Information section on page 2. If no, please continue to the Student Agreement section on page 2.

DEPENDENT INFORMATION

Please list all dependents who will be accompanying you to live in the U.S. during your studies. Only your legal spouse and unmarried children under the age of 21 can be claimed as dependents. You must show proof of additional funds to support dependents. Provide a photo copy of each dependents' passport.

Write names **EXACTLY** as they appear on passport. Please print.

Dependent 1

Relationship Spouse Child

Last Name _____

First Name _____

Middle Name _____

Date of Birth (MM/DD/YYYY) _____

Country of Citizenship _____

Street Address _____

City & Postal Code _____

Province/Territory _____

Country _____

Dependent 2

Relationship Spouse Child

Last Name _____

First Name _____

Middle Name _____

Date of Birth (MM/DD/YYYY) _____

Country of Citizenship _____

Street Address _____

City & Postal Code _____

Province/Territory _____

Country _____

Dependent 3

Relationship Spouse Child

Last Name _____

First Name _____

Middle Name _____

Date of Birth (MM/DD/YYYY) _____

Country of Citizenship _____

Street Address _____

City & Postal Code _____

Province/Territory _____

Country _____

STUDENT AGREEMENT

I certify that the information provided in this I-20 Request Form is correct and complete.

Student Signature _____ Date ____ / ____ / ____