

Language Center International

Request for I-20

Mr. Mrs. Ms.

E-mail address _____

Family Name (as it appears in your passport) _____

First Name (as it appears in your passport) _____

Middle Name (as it appears in your passport) _____

Date of Birth (month/day/year) _____

Gender Male Female

Country of Birth _____

Country of Citizenship _____

Foreign Address (Please write clearly)

Street _____

City _____

Province _____

Postal Code/Zip Code _____ Country _____

U.S. Address (If living in the U.S.)

Street _____ Apt. _____

City _____ State _____

Zip Code _____

Telephone _____

Program Start Date _____

Reason for I-20 (Please check all that apply)

- Initial Attendance (no previous I-20)
- School Transfer
Name of School _____
- Reinstatement
- Program Extension - My current status is _____
- Other _____
- Add Dependents to my I-20 (Please write dependent(s) name(s) below)

Last Name	First Name	Date of Birth	Country of Birth	Relationship

When my I-20 is ready,

- I will pick it up Mail it to U.S. Address
- Mail it to Foreign Address via regular mail (no fee)
- Mail it to Foreign Address via FedEx Express Delivery (there is a fee for this service)
- My friend/family member (name) _____ will pick it up.
Please call him/her when the I-20 is ready at _____.

Student's Signature _____ Date _____

LCI STAFF USE ONLY

Application Reviewed by _____ Date _____

I-20 Picked up/Mailed on _____