



SEVIS I-20 Application

*1. Visa Type	
*2. Last Name (Family)	
*3. First Name	
4. Middle Name	
*5. Date of Birth(mm/dd/yyyy)	
*6. Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
7. City of Birth	
8. Country of Birth	
9. Country of Citizenship	
10. Issue Reason PAID / / → _____	<input type="checkbox"/> Initial attendance <input type="checkbox"/> Initial attendance –Change of status requested <input type="checkbox"/> Continued Attendance Current Session End Date: ___/___/___ Next Session Start Date: ___/___/___ <input type="checkbox"/> School Transfer Transfer from: <input type="checkbox"/> Reinstatement requested: <input type="checkbox"/> Other Reason:
*11. Admission Number: (11digit of I-94)	
12. U.S. Phone Number	() -
13. E-mail Address	
*14. U.S. Address	
	Street
	City
	State, Zip Code
*16. Foreign Address	
	Street
	City
	State
	Province/Territory
	Postal Code
	Country
17. Major	BA-General Studies [BBA, BFA] BA-Divinity School [BABS, BAIS] MA-Divinity School [MATS, MAIS, MACM, M.Div]
18. Normal Length of Study	
*19. Program Start Date	/ /
20. Program End Date	/ /
21. Total Available Funding	\$

