

INTERNATIONAL (F-1) STUDENTS PERSONAL INFORMATION FOR I-20



Family Name/Surname: _____

First and Middle Name/Given Name: _____

Preferred Name (what your sponsor calls you/what you like to be called): _____

Country of Birth: _____ Date of Birth (mm/dd/yyyy): _____

Citizenship: _____

Foreign Address:

Address 1: _____

Address 2: _____

City: _____ Province/Territory: _____ Postal Code: _____

Local Address (if you have one)

Address 1: _____

City: _____ State: _____ Zip Code: _____

Number of dependents you have who will need an I-20: _____

U.S. Social Security Number or Individual Taxpayer ID: _____

Primary Phone Number (include area code and/or country code): _____

Secondary Phone Number (include area code and/or country code): _____

Email address: _____

Do you plan to transfer to a four-year college or university? Yes No

Do you want a degree from this college so you can graduate and go to work? Yes No

Planned Program of Study at this College: _____