

# I-20 INFORMATION WORKSHEET

## STUDENT INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH _____ / _____ / _____
	MM	DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	

Do you hold a current I-20? <input type="checkbox"/> *No <input type="checkbox"/> **Yes      If yes, Expiration Date: _____	
<p>* If you answered "no" to the above question, please write your <u>Foreign Residential Address</u> below (or, if you are already in the USA, provide your <u>Last Foreign Residential Address</u>):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>**If you answered "yes" to the above question, please provide your current address in the USA. Also, be advised to request &amp; process a <u>Transfer Release Form</u>.</p> <p>_____</p> <p>_____</p> <p>_____</p>

Do you hold any relevant visa? <input type="checkbox"/> No <input type="checkbox"/> *Yes	
* If you answered "yes" to the above question, please state the relevant visa:	
Visa Type: _____	Expiration Date: _____

How many "dependents" will accompany you? _____
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## DEPENDENT #1 INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH _____ / _____ / _____
		MM      DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	

## DEPENDENT #2 INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH _____ / _____ / _____
		MM      DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	

## DEPENDENT #3 INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH _____ / _____ / _____
		MM      DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	

## DEPENDENT #4 INFORMATION

LEGAL NAME _____		
FIRST	MIDDLE	LAST/FAMILY
RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH _____ / _____ / _____
		MM      DD      YYYY
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____	