

I-20 APPLICATION AND EMERGENCY CONTACT INFORMATION

CLEARLY PRINT THE FOLLOWING INFORMATION AS INDICATED IN YOUR PASSPORT:

Family Name: _____ **First or Given Name:** _____
Country of Birth: _____ **Country of Citizenship:** _____
Date of Birth: ____/____/____ **Intended Academic Program** _____
(Month/Day/ Year) **Anticipated Admission:** *Fall 20* ___ *Spring 20* ___ *Summer 20* ___
Applicant's Email (Required) _____ **Telephone ()** _____
Name and Phone Number of a Friend or Relative in the United States

FOR ALL APPLICANTS: PERMANENT FOREIGN ADDRESS (Required for the I-20):

Address: _____ **Province:** _____
City/Town: _____ **Country** _____ **Zip Code** _____

FOR F-1 TRANSFER and CHANGE OF STATUS APPLICANTS: LOCAL MAILING ADDRESS IN UNITED STATES

Address: _____ **City** _____ **State:** _____ **Zip** _____

F1 Transfer Students: Name and Location of Current School

LIST DEPENDENTS (Spouse and/or children) WHO WILL ACCOMPANY YOU TO THE UNITED STATES

Family Name _____	Family Name _____	Family Name _____
Given Name _____	Given Name _____	Given Name _____
Date of Birth _____	Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____	Place of Birth _____
Citizenship _____	Citizenship _____	Citizenship _____

EMERGENCY CONTACT INFORMATION

Name and Address of Parents or Spouse	Name and Address of Sponsor, if different
Family Name _____ Given _____	Family Name _____ Given _____
Address _____	Address _____
City _____ Country _____	City _____ Country _____
Phone _____	Phone _____

In case of a severe illness or other emergency circumstance, I wish the following person to be contacted:

Name _____ Telephone _____ Relationship to You _____
Alternate Contact _____ Telephone _____ Relationship to You _____

Completion of the following is optional, but your permission is strongly recommended to allow us to assist you in an emergency.

I hereby grant full authority to the International Programs Office staff and/or their designate to obtain and/or release any educational, medical, or other necessary information concerning me to my family, sponsor, government, or similar person or agency if it is deemed to be necessary to protect my financial, legal, medical, or personal interests. I also grant the IPO staff to obtain necessary medical care for me should I be unable to grant the required permission. I understand that a record of all such releases will be kept and that this authority will remain in effect unless revoked by me in writing to the International Student Services office.

Applicant Signature _____ **Date** _____