



## Personal Information Required for Issuance of I-20 (confidential)

\*Please accompany with copies of passport

**Name:** \_\_\_\_\_  
Family name/Surname/Last name                      First name                      Middle                      Suffix

**Gender:**     Male                       Female

**U.S. Address:**

**Foreign Address:**

\_\_\_\_\_  
**Line 1**  
 \_\_\_\_\_  
**Line 2**  
 \_\_\_\_\_  
**City                      State                      ZIP Code**

\_\_\_\_\_  
**Line 1**  
 \_\_\_\_\_  
**Line 2**  
 \_\_\_\_\_  
**City                      Province/Territory**  
 \_\_\_\_\_  
**Postal Code                      Country**

**Date of Birth:** \_\_\_\_\_                      **Place of Birth:** \_\_\_\_\_  
mm/dd/yyyy                      City                      Country

**Country of Citizenship:** \_\_\_\_\_

**Email:** \_\_\_\_\_                      **Phone Number:** \_\_\_\_\_

**Driver's License # (if applicable):** \_\_\_\_\_                      **Issuing State (if applicable):** \_\_\_\_\_

**Social Security # (if applicable):** \_\_\_\_\_

**Expected Program of Study:** \_\_\_\_\_                      **Expected start semester:** \_\_\_\_\_

**To request F-2 dependents on your I-20, please complete the following information:**

<p>Full Name: _____  <small>Family                      First                      Middle</small></p> <p>Date of Birth: _____  <small>(mm/dd/yyyy)</small></p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Relationship to F-1: _____</p> <p>Gender: <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p>Full Name: _____  <small>Family                      First                      Middle</small></p> <p>Date of Birth: _____  <small>(mm/dd/yyyy)</small></p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Relationship to F-1: _____</p> <p>Gender: <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>
<p>Full Name: _____  <small>Family                      First                      Middle</small></p> <p>Date of Birth: _____  <small>(mm/dd/yyyy)</small></p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Relationship to F-1: _____</p> <p>Gender: <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p>Full Name: _____  <small>Family                      First                      Middle</small></p> <p>Date of Birth: _____  <small>(mm/dd/yyyy)</small></p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Relationship to F-1: _____</p> <p>Gender: <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>