



Central Admissions
International Student Office
Application for SEVIS Form I-20

Section I - Personal Information

Name: Family/Last Given/First Middle
Gender: Male Female Date of Birth: Marital Status: Married Single

Foreign Address: Number and Street
City State or Province Country Postal Code

U.S. Address: Number and Street
City State Zip Code
Home Phone Number Mobile Phone Number Email Address

Country of Birth Country of Citizenship

Section 2 - Dependents

Please provide the following if you expect to bring any dependent (e.g., spouse, child) to the U.S.:
Name of Dependand Relationship Country of Birth Date of Birth

Section 3 - Current Status Information

If you are in the U.S. NOW, please complete this section, OTHERWISE move onto Section 4
Do you have a valid visa/status? Yes No Expiration date (if yes):
If you answered yes, please indicate which status you have: F-I B1/B2 J-I H-I Other
What is your reason for requesting SEVIS Form I-20?
Transferring/Changing U.S. Schools Requesting Reinstatement to F-I Status Change of Status
If transferring, you must also submit an F-I Transfer Recommendation Form signed by your previous school, available at http://www.sunysuffolk.edu.

Section 4 - Delivery Information

How would you like to receive the SEVIS Form I-20 and Acceptance Packet?

Mail OR Pick-up

IF MAIL, the SEVIS Form I-20 and acceptance packet will be sent via standard airmail. Please print the name and address clearly as it should appear on the envelope:

_____	_____	_____	
Family/Last Name	Given/First Name	Middle Name	

Street/Number			
_____	_____	_____	_____
City	State	Country	Postal Code

IF PICK-UP, who will be picking up the SEVIS Form I-20?

- I will be picking up the form myself.
 I authorize the following person to pick up the form on my behalf:

_____	_____	
Family/Last Name	First Name	
(___) ___ - ___ - ___	(___) ___ - ___ - ___	_____
Home Phone Number	Mobile Phone Number	Email Address

Signature

I certify that the information reported in this request for SEVIS Form I-20 form is accurate and truthful to the best of my ability and knowledge.

_____	_____
Student's Signature	Date

Section 5 - Emergency Contact

Please provide the contact information for the person who we should notify in the case of an emergency.

Contact Name:

_____	_____	_____
Family/Last Name	Given/First Name	Relation to Applicant

Contact Address:

Number and Street		
_____	_____	_____
City	State	Zip Code
(___) ___ - ___ - ___	(___) ___ - ___ - ___	_____
Home Phone Number	Mobile Phone Number	Email Address

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