

I-20 APPLICATION FORM

SECTION I - To be completed by applicant

Date _____

Visa Type _____ Please check if a change of status has been requested

Name of Student _____
Family Name / Surname First Name Middle Name

Date of Birth _____ (CHECK ONE) Male Female
MM/DD/YYYY

Country of Citizenship _____ Country of Birth _____

Foreign Address
 Address 1 _____
 Address 2 _____
 City _____ Province / Territory _____
 Postal Code _____ Country _____

U.S. Address (**MUST be same as parent or guardian)
 Address 1 _____
 Address 2 _____
 City _____ State _____ Zip Code _____

Parent, Guardian, or Parent Designee in U.S.
 Name _____ Relationship to Student _____
 Address 1 _____
 Address 2 _____
 City _____ State _____ Zip Code _____
 Phone _____ Cell Phone _____

Name of Last School Attended _____
 Grade _____ City/Country _____

***If last school attended is in the U.S. an F-1 Student Transfer Report must be completed.*

Estimate of general living expenses for student (not including tuition and fees) _____

Person Financially Responsible _____

SECTION II - To be completed by school principal

School Name _____

Above named student accepted for grade _____ Conditional Acceptance? Yes No

Program Start Date _____ Program End Date _____
DATE STUDENT EXPECTED AT SCHOOL DATE STUDENT WILL COMPLETE FULL COURSE OF STUDY

Annual Cost per student
 Tuition _____ Fees _____

Verification of Catholic Baptism Yes No

English proficiency
 The school has determined this student is proficient in the English language
 The school has agreed to the following arrangements regarding the student's English proficiency

Signature of Principal _____ Date _____