



I-20 REQUEST FORM

Required Information to Issue I-20

Please type or Print Legibly

Degree Program Student:

Fall (August) Spring (January) Summer (June)

Program of Study: _____

Student ID#: 900 _____

Intensive English Program (IEP) Student:

Spring 1 (January) Spring 2 (March)

Fall 1 (August) Fall 2 (October)

Summer (June)

PERSONAL INFORMATION

Family Name: _____

First Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____

Gender: Female Male Other

Country of Birth: _____

City of Birth: _____

Country of Citizenship: _____

Email: _____

Do you have dependents who will come with you? Yes No if yes, how many? _____

Foreign Address (Permanent/Home Country Address)

U.S. Address (No P.O. Box)

Street Address: _____

City: _____

State/Province: _____

Country: _____

Phone #: _____

Phone #: _____

I-20 ISSUE REASON

Check (REQUIRED):

Student is Outside of U.S. (Attach a copy of passport page)

Transfer Student to Chattahoochee Technical College (Attach a copy of current I-20 and Passport)

Change of Status (Current Visa Type) _____ (Attach a copy of Passport and visa page)