



I-20 REQUEST FORM

Required Information to Issue I-20

Please type or Print Legibly

College Degree Program Student:

☐ Spring (January) ☐ Fall (August)

Program of Study: _____

Student ID#: 900 _____

Intensive English Program 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

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: _____

Street Address _____

City: _____

City: _____

State/Province: _____

State: _____

Country: _____

Zip Code: _____

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)