

I-901 Form
<http://www.ice.gov>

Please Print

Name: Enter your full name exactly as it appears on your I-20 Form

Family Name	
First Name	
Middle Name	
Suffix	

Address: Enter the address to which your payment receipt should be sent. Include an apartment number or P. O. Box, if applicable.

Street Address 1	
Street Address 2	
City	
State or Province	
Country	
Zip/Postal Code	

Student Profile Information:

Date of Birth	__ __/__ __/__ __ __ __ (mm/dd/yyyy) as listed in section 1 of your I-20
Gender	[<input type="checkbox"/>] Male [<input type="checkbox"/>] Female
City/Province of Birth	
Country of Birth	
Country of Citizenship	
School Code	_____ found in Section 2 of your I-20

SEVIS ID Number	N _____ listed on the top right form of your I-20 beginning with the number after N
Passport Number (if available)	
Amount Due	\$US100

I have read the instructions on this form. I understand that I will be sent a receipt for this NON-REFUNDABLE fee. I further understand that this receipt is an important document. It may be needed when applying for a non-immigrant visa, admission to any United States port of entry, change of status, or other United States immigration benefits.

Credit Card Information:

Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> American Express
Expiration Date	__ __ / __ __ __ __ (mm /yyyy)
Name on Credit Card	
Address of Credit Card Holder	Street _____ Street _____ City _____ State _____ Zip Code _____
Phone Number of Credit Card Holder	(____ __ __) ____ ____ - ____ ____ ____

