

SEVIS Form for I-20 Students

Please Print

*Visa Type	
1. *Family Name	
2. First Name	
3. Middle Name	
4. Suffix	
5. *Date of Birth	___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy)
6. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
7. *Country of Birth	
8. *Country of Citizenship	
9. *Issue Reason	<input type="checkbox"/> Initial Attendance <input type="checkbox"/> Initial Attendance—Change of Status requested <input type="checkbox"/> Continued Attendance Current session End Date ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy) Next session Start Date ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy) <input type="checkbox"/> School Transfer Transfer from School (Name of School) _____ _____
	<input type="checkbox"/> Reinstatement Requested <input type="checkbox"/> Other Other Reason _____ _____

10. Admission No.	
11. Driver's License No.	
12. Driver's License State	
13. Social Security No.	
14. Tax Payer ID.	
15. *Foreign Address	Street _____ Province/Territory/ State _____ Postal Code _____ Country _____
16. *U.S. Address	Street _____ _____ City _____ State _____ Zip Code _____
17. *Educational Level	Degree you are seeking <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> Ph.D <input type="checkbox"/> Other _____
18. *Primary Major	
19. Secondary Major	
20. Minor	
21. *Normal length of study	In months <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60

22. *Program Start Date	__ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
23. *Program End Date	__ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
24. *English Proficiency	<p>Is English proficiency required? [] yes [] no</p> <p>If yes, does the student have the required English proficiency? [] yes [] no</p> <p>If no, explain why the school does not require English proficiency. _____</p> <p>_____</p>
25. *Number of months in academic term	12
26. *Expenses	<p>*Tuition and Fees \$US _____</p> <p>*Living Expenses \$US _____</p> <p>Expenses for Dependents \$US _____</p> <p>Other Costs \$US _____</p> <p>Specify other costs _____</p> <p>Total Expenses \$US _____</p>
27. *Funding	<p>*Student's Personal Funds \$US _____</p> <p>Funds from School \$US _____</p> <p>School Fund Type \$US _____</p> <p>Funds from Other Sources \$US _____</p> <p>Other Source Type _____</p> <p>On Campus Employment \$US _____</p> <p>Total Funding \$US _____</p>
28. Remarks	

Dependent #1	
1. *Family Name	
2. First Name	
3. Middle Name	
4. Suffix	
5. *Date of Birth	___/___/___ (mm/dd/yyyy)
6. *Country of Birth	
7. Country of Citizenship	
8. *Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
9. Relationship	
10. Remarks	

Dependent #2	
1. *Family Name	
2. First Name	
3. Middle Name	
4. Suffix	
5. *Date of Birth	___/___/___ (mm/dd/yyyy)
6. *Country of Birth	
7. Country of Citizenship	
8. *Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
9. Relationship	
10. Remarks	

If you have more dependents, add on a separate sheet.