



2200 SW 10<sup>TH</sup> STREET DEERFIELD BEACH, FL 33442 | (954) 637-2268 | WWW.SFBC.EDU

## SEVIS FORM

<b>Full Legal Name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Country of Birth:</b>		<b>Citizenship:</b>	
<b>Current Visa Status:</b>	<input type="checkbox"/> F1 <input type="checkbox"/> B1 <input type="checkbox"/> Other: _____		
<b>Issue Reason:</b>	<input type="checkbox"/> Initial <input type="checkbox"/> School Transfer <input type="checkbox"/> Change of Status <input type="checkbox"/> Reinstatement If Transfer, name of school: _____		
<b>SEVIS #</b>	N_____ (If already issued)		
<b>Foreign Address:</b>	_____ _____ _____ _____		
<b>Degree you are seeking:</b>			
<b>English for Academic Purposes</b>  <input type="checkbox"/> EAP (24 months)	<b>Associate of Arts</b> <input type="checkbox"/> Biblical Studies (24 months)  <input type="checkbox"/> Christian Business Management (24 months)	<b>Bachelor of Arts</b> <input type="checkbox"/> Biblical Studies (48 months)  <input type="checkbox"/> Christian Business Management (48 months)  <input type="checkbox"/> Christian Counseling (48 months)  <input type="checkbox"/> Ministry and Leadership (48 months)	<b>Master of Arts</b> <input type="checkbox"/> Biblical Studies (24 months)  <input type="checkbox"/> Divinity (60 months)  <input type="checkbox"/> Pastoral Counseling (24 months)
			<b>Doctoral</b>  <input type="checkbox"/> Ministry (24 months)

**\*See reverse for dependent information**

## F2 Dependent Information

<b>Full Legal Name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Relationship:</b>		<b>Email:</b>	
<b>Country of Birth:</b>		<b>Citizenship:</b>	

<b>Full Legal Name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Relationship:</b>		<b>Email:</b>	
<b>Country of Birth:</b>		<b>Citizenship:</b>	

<b>Full Legal Name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Relationship:</b>		<b>Email:</b>	
<b>Country of Birth:</b>		<b>Citizenship:</b>	

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