

Full Legal Name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:		Citizenship:	
Current Visa Status:	<input type="checkbox"/> F1 <input type="checkbox"/> B1 <input type="checkbox"/> Other: _____		
Issue Reason:	<input type="checkbox"/> Initial <input type="checkbox"/> School Transfer <input type="checkbox"/> Change of Status <input type="checkbox"/> Reinstatement If Transfer, name of school: _____		
SEVIS #	N_____ (If already issued)		
Foreign Address:	Address: _____ _____ City: _____ State: _____ Country: _____ Postal Code: _____		
Degree you are seeking:			
<input type="checkbox"/> English for Academic Purposes (36 months) Associate of Arts (24 months) <input type="checkbox"/> Biblical & Theological Studies <input type="checkbox"/> Business Administration & Management <input type="checkbox"/> Ministry & Leadership <input type="checkbox"/> Psychology <input type="checkbox"/> General Studies	Bachelor of Arts (48 months) <input type="checkbox"/> Biblical & Theological Studies <input type="checkbox"/> Business Administration & Management <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Ministry & Leadership <input type="checkbox"/> Psychology	Master of Arts <input type="checkbox"/> Biblical Studies (24 months) <input type="checkbox"/> Christian Counseling (36 months) <input type="checkbox"/> Pastoral Counseling (24 months) <hr/> <input type="checkbox"/> Master of Divinity (48 months) <input type="checkbox"/> Master of Theology (36 months)	Doctoral (60 months) <input type="checkbox"/> Doctor of Ministry

***See reverse for F2 dependent information**

F2 Dependent Information

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

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Relationship:		Email:	
Country of Birth:		Citizenship:	

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