

Surname(s):

Given Name(s):



## F-1 I-20 Request Form for Prospective Students

Please type or print clearly and complete all applicable fields. You must attach to this form all required immigration documents (financial documents, copy of passport, etc.) and submit them with your application to **tbradley@uscupstate.edu**.

### Purpose:

Initial I-20 (From Abroad)       Transfer From U.S. School       Change of Status (Current Status \_\_\_\_\_)

### Applicant Information:

NAME (as it appears in passport)

Surname(s) (as indicated on passport):

Given Name(s)

### Other Information:

E-mail Address:

Date of Birth (DD/MM/YYYY):

Gender:  Male  Female

Country of Birth:

Country of Citizenship:

Start Term:  Fall  Spring  Summer

Program Applying:

**Foreign Address:** A complete home address in your home country is required.

Street Address:

City:

Province/Territory:

Postal Code:

Country:

**Mailing Address for I-20:** List the address you would like your I-20 mailed to, if different from your foreign home address above.

Street Address:

City:

Province/Territory:

Postal Code:

Country:

Phone Number for Mailing:

Surname(s):

Given Name(s):

## University of South Carolina Upstate - I-20 Request Form for Prospective Students

**Local U.S. Address:** Only for individuals currently residing in the United States

Street Address:

City:

State:

Zip Code:

Phone Number:

County:

### Dependents:

Do you have dependents you would like to add to your I-20? If yes, please complete the information below.  Yes  No

### Dependent Information:

Please list all dependents who will be accompanying you to live in the U.S. during your studies. Only your legal spouse and dependent unmarried children under the age of 21 can be claimed as dependents. If your spouse and/or children are accompanying you to the U.S., you must show an additional \$4,000 for your spouse and \$3,000 for each dependent child. A copy of each passport must also be submitted to University of South Carolina Upstate for issuance of the dependent I-20.

Please type names as they appear in passports.

|                            | Dependent 1  | Dependent 2  |
|----------------------------|--|--|
| Relationship               | <input type="checkbox"/> Spouse <input type="checkbox"/> Child | <input type="checkbox"/> Spouse <input type="checkbox"/> Child |
| Surname(s)                 |  |  |
| Given Name(s)              |  |  |
| Middle Name(s)             |  |  |
| Date of Birth (DD/MM/YYYY) |  |  |
| Gender                     |  |  |
| Country of Birth           |  |  |
| Country of Citizenship     |  |  |
|                            | Dependent 3  | Dependent 4  |
| Relationship               | <input type="checkbox"/> Spouse <input type="checkbox"/> Child | <input type="checkbox"/> Spouse <input type="checkbox"/> Child |
| Surname(s)                 |  |  |
| Given Name(s)              |  |  |
| Middle Name(s)             |  |  |
| Date of Birth (DD/MM/YYYY) |  |  |
| Gender                     |  |  |
| Country of Birth           |  |  |
| Country of Citizenship     |  |  |

Student Signature:

Date: