

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: