



F-1 I-20 REQUEST FORM

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 _____)

Start Term: Fall Spring Summer Program Applying: _____

Applicant Information

NAME (as it appears in passport): _____

Surname(s) (as it appears in passport): _____ Given Name(s): _____

Other Information

Email Address: _____

Date of Birth (DD/MM/YYYY): _____ Gender: Male Female

Country of Birth: _____ Country of Citizenship: _____

Passport Number: _____ Passport Date of Expiration (DD/MM/YYYY): _____

International Address

A complete home address in your home country is required.

Street Address: _____

City: _____ Country: _____ Postal Code: _____

Province/Territory: _____

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: _____ Country: _____ Postal Code: _____

Province/Territory: _____ Phone Number for Mailing: _____

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: _____

Country: _____ Phone Number: _____

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 print names as they appear on passports.

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

Emergency Contact:

Surname(s): _____ Given Name(s): _____

City: _____ State: _____ Zip/Postal Code: _____

Phone Number _____ Country: _____

Medical Insurance Requirement:

I understand that I will be required to purchase medical insurance for the full duration of my program upon my arrival in the United States.

Notice of Non-Discrimination:

The University of South Carolina Upstate does not discriminate in educational or employment opportunities or decisions on the basis of personal characteristics that are not relevant to an individual's abilities, qualifications or job performance. Under federal and state law, these characteristics include age, race, color, sex, gender, religion, national origin, genetics, veterans' status and disability status. It is the policy of the University that an individual's sexual orientation be treated in the same manner. Applicants for admission may obtain further information by contacting the USC Title IX Coordinator or the University's Student Complaint Coordinator/Deputy Title IX Coordinator. Their office is located at 1600 Hampton Street in suite 805 and they may be reached at (803) 777-3854 in the United States.

Declaration

- I declare that the information I have supplied on this form is complete and correct. I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrollment and/or loss of visa status.
- I understand that tuition and fees may change without notice. I accept responsibility for payment of all relevant tuition and fees, and I agree to abide by the USC Upstate refund policy.
- I understand that living expenses in the United States may be higher than in my own country, and I confirm that I have the financial ability to meet these costs.

Student Signature:

Date (DD/MM/YYYY):

Parent or Guardian Signature (if applicant is under 18):

Date (DD/MM/YYYY):
