



International Student Office
Application for SEVIS Form I-20

Section I - Personal Information - (enter name as per passport)

Last Name First Name Middle Name
Gender: Male Female Date of Birth: Marital Status: Married Single

Foreign Address:
Number and Street

City Province/Region Country ZIP or Postal Code

U.S. Address:
Number and Street

City State ZIP or Postal Code
Home Phone Number Mobile Phone Number Email Address

Country of Birth Country of Citizenship

Applying for: Associate Degree Intensive English Program (IEP) - Language Training

Section 2 - Dependents

Please provide the following if you expect to bring a dependent(s) (e.g., spouse, child) to the U.S.:

Table with 4 columns: Name of Dependent, Relationship, Country of Birth, Date of Birth

Section 3 - Current Status Information

COMPLETE THIS SECTION ONLY IF APPLYING FOR ONE OF THE FOLLOWING, OTHERWISE MOVE ONTO SECTION 4:

Transfer-in with an F-1 status Requesting reinstatement of F-1 status Change current status to F-1 status

If you are applying for a change of status please indicate which status you currently hold:

B1/B2 J-1 H-1 Other

Current status expiration date (As per Form I-94), to view your Form I-94 visit cbp.gov/I94.

To confirm your eligibility to apply for a change of your current immigration status to an F-1 student status, contact the International Student Office at (631) 451-4773 before completing this form.

---

---

## Section 4 – Delivery Information

---

Select how you would like to receive your Acceptance Packet and SEVIS Form I-20:

Mail to a U.S. address (standard mail)     Mail to a foreign address (express mail)     Office Pickup

**IF MAIL**, please print the name and address clearly, exactly as it should appear on the mailing envelope:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street/Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP or Postal Code

**IF OFFICE PICK-UP**, who will pick up the Acceptance Packet and SEVIS Form I-20?

- I will pick up the Acceptance Packet and SEVIS Form I-20 myself  
 I authorize the following person to pick up the Acceptance Packet and SEVIS Form I-20 on my behalf:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Home Phone Number

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Mobile Phone Number

\_\_\_\_\_  
Email Address

---

---

## Section 5 - Signature

---

I certify that the information reported in this form is accurate and truthful to the best of my ability and knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

---

---

## Section 6 - Emergency Contact

---

Please provide the contact information for the person who we should notify in case of an emergency.

**Contact Name:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Relation to Applicant

**Contact Address:**

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP or Postal Code

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Home Phone Number

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Mobile Phone Number

\_\_\_\_\_  
Email Address

**IS-120**

---

---