

**MUST TYPE or PRINT Legibly -or- I-20 CAN NOT BE PROCESSED**

**INTERNATIONAL STUDENT SERVICES**

**SEVIS I-20 REQUEST FORM**

<b>Social Security Number:</b>	<b>Last Name:</b>
<b>VID (Student Number):</b>	<b>First Name:</b>
<b>V</b>	
<b>Visa Type:</b> <input type="checkbox"/> F 1 <input type="checkbox"/> F 2	<b>DOB: (mm/dd/yyyy)</b>

**PICK UP INFORMATION**

<b>~ Allow 5 business days for processing ~</b>	<b>E-Mail:</b>
<b>Required by (Date):</b>	<b>Telephone:</b>

- EAST CAMPUS**  
701 N. Econlockhatchee Trail, MC: 3-13, Orlando, FL 32825
- WEST CAMPUS**  
1800 S. Kirkman Road, MC: 4-8, Orlando, FL 32811

**1: PURPOSE**

- INITIAL Attendance (ADMISSION)                       CHANGE OF STATUS                       DEPENDENT

**2: NAME**

Family Name	First Name	Middle Name	Suffix

**3: OTHER INFORMATION**

Date of Birth (mm/dd/yyyy)	Gender	Country of Birth	Country of Citizenship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

**4: CURRENT EDUCATIONAL INFORMATION FOR VALENCIA STUDENTS (otherwise leave blank)**

Level: <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Associate of Science
Major:

**5: TRANSFER INFORMATION (Required if transferring from another educational institution in the United States)**

School Transferring From:
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**6: IMMIGRATION DOCUMENTATION (Provide readable copies of the following documents if you are/have been in the United States)**

<input type="checkbox"/> Passport	I-94 No.:	<input type="checkbox"/> All Previous I-20's	<input type="checkbox"/> VISA
<input type="checkbox"/> Transfer Clearance Form (Required if transferring from another educational institution in the United States)			
Any Other (Kindly specify):			

**7: PERSONAL INFORMATION**

Social Security Number	Drivers License Number and Issuing State (e.g. FL)	Individual Tax Payer ID (If Applicable)

**8: FOREIGN ADDRESS ~ REQUIRED (Address in Home Country and EMERGENCY CONTACT)**

Student's Foreign Address:	
City:	Province/Territory:
Postal Code:	Country:
Foreign EMERGENCY Contact:	
Contact Telephone:	

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<b>V</b>	
<b>Visa Type:</b> <input type="checkbox"/> <b>F 1</b> <input type="checkbox"/> <b>F 2</b>	<b>DOB:</b> (mm/dd/yyyy)

**9: LOCAL ADDRESS (Required)**

Student's Local Street Address:	
City:	State:
Zip Code:	Phone Number: (
Local Emergency Contact:	
Name:	Phone Number: (       )

**10: DEGREE STATUS**

<input type="checkbox"/> Associate of Arts	<input type="checkbox"/> Associate of Science
Major:	

**11: EMPLOYMENT**    *[If applicable]*

- OPT (if employer known, must fill in information below)
- CPT (must fill in information below)
- Economic Hardship
- On-Campus

Name of Employer:			
Address of Employer:			
City		State:	
Zip Code:	Phone Number:	Duration of Employment:	
		From:	To:

**12: FUNDING: (Must show funds in the amount of \$26,150.00)**

- Scholarship Letter from Sponsoring Institution/Agency
- Bank Statement (Personal or Sponsor\*)
- \*If sponsored provide Affidavit of Support (Notarized)

Approved By: <i>(International Advisor Signature Required)</i>	Date Approved: <i>(By International Advisor)</i>

**I declare the information above is accurate and true to the best of my knowledge.**

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

\_\_\_\_\_  
**Date**

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**SUPPLEMENTAL SHEET**

**I3: DEPENDENT INFORMATION**

**FINANCIAL REQUIREMENT FOR EACH DEPENDENT (spouse or child) IS \$3,500.00. State names as in Passport.**

**I.**

Last Name		First Name	
Relationship:			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child			
Citizenship:		Birth Country:	Date of Birth:
<input type="checkbox"/> Passport	I-94 No.:	<input type="checkbox"/> All Previous I-20's	<input type="checkbox"/> VISA
<input type="checkbox"/> Any Other (Kindly specify):			
Foreign Street Address:			
City		State:	
Zip Code:	Phone Number:	(      )	

**II.**

Last Name		First Name	
Relationship:			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child			
Citizenship:		Birth Country:	Date of Birth:
<input type="checkbox"/> Passport	I-94 No.:	<input type="checkbox"/> All Previous I-20's	<input type="checkbox"/> VISA
<input type="checkbox"/> Any Other (Kindly specify):			
Foreign Street Address:			
City		State:	
Zip Code:	Phone Number:	(      )	