

SEVIS Form For I-20 Students

Please print

* Visa Type	
1. * Family Name	
2. First Name	
3. Middle name	
4. Suffix	
5. *Date of Birth	____ / ____ / ____ (mm/dd/yyyy)
6. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
7. *Country of Birth	
8. *Country of Citizenship	
9. *Issue Reason	<input type="checkbox"/> Initial Attendance <input type="checkbox"/> Initial Attendance-Change of Status requested <input type="checkbox"/> Continued attendance Current Session End Date ____ / ____ / ____ Next Session Start Date ____ / ____ / ____ <input type="checkbox"/> School Transfer Transfer from School _____ _____
	<input type="checkbox"/> Reinstatement Requested <input type="checkbox"/> Other Other Reason _____ _____

10. Admission No.	
11. Driver's License No.	
12. Driver's License State	
13. Social Security No.	
14. Taxpayer ID.	
15. *Foreign Address	Street _____ _____ City _____ Province/Territory/State _____ Postal Code _____ Country _____
16. *U.S. Address	Street _____ _____ City _____ State _____ Zip Code _____
17. *Education Level	Degree you are seeking <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other _____
18. *Primary Major	
19. Secondary Major	
20. Minor	
21. *Normal length of study	In months <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60