



Office of International Programs
UNIVERSITY OF SOUTH CAROLINA AIKEN

International Programs Office, 160 Student Activities Center, 471 University Parkway, Aiken 29801
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Application for Immigration Document – I-20 form

Full Legal Name: _____
Family Name Given Name Middle Name

*Please verify that your name matches the name listed on your passport.

Country of Birth: _____ **City of Birth:** _____

Date of Birth: _____ **Country of Citizenship:** _____
(month / day / year)

Marital status: single married **Gender:** male female

Level of graduate study for which you are applying: Bachelor's Master's Other

Specify your Program: Major: _____ Minor: _____

Term you will begin your study: Fall Spring Summer Year: _____

Permanent address in home country (street name and number, town, zip code, province; county)

*****If your spouse and/ or children will enter the U.S. with you and will apply for dependent F-2 visas, or if ***They are currently residing with you in the U.S., please provide the following information:**

Family Name	Given Name	Middle Name	Date of Birth mm/dd/year	Country of Citizenship	Country of Birth	Relationship To you

Mailing address to receive I-20 document (PRINT CLEARLY): _____

Include Street Name and Number; Town, Zip Code; Province and Country

Phone # with country code: _____ Email _____

Signature: _____ Date: _____