

WAGNER COLLEGE

CENTER FOR INTERCULTURAL ADVANCEMENT

Information for I-20

Personal Information:

1. Name: _____
(Last name as in passport) (First name as in passport) (Middle name, if any)

2. Sex: ___ Male ___ Female

3. Date of Birth: _____ Country of Birth: _____
(Month/Day/Year) (City and Country)

4. Country of Citizenship: _____ Country of Residence: _____

5. Permanent Overseas Address: _____
(Number and street) (City, State)

(Country) (Postal code)

6. Present Mailing Address (if different): _____
(Number and street) (City, State)

(Country) (Postal code)

7. Telephone Number: _____ Cell Phone Number: _____

8. E-mail: _____

9. Expected Semester of Enrollment: Fall 20 ___ Spring 20 ___

10. Degree Program: Bachelor's ___ or Master's ___ Normal length of study _____
(In months)

11. Academic Major _____ Minor, if any _____

12. Are you currently studying at a U.S. institution or college? ___ Yes ___ No

Name of the U.S. institution: _____

13. Are you currently holding F-1 status? __Yes__ No

School that issued most recent I-20 SEVIS _____

Address: _____

(Number and street) (City) (State) (Zip code)

I-20 Expiration date: _____

14. I-94 Admission Number _____

I-94 Expires on: _____

(Month/Day/Year)

15. Additional Information:

Funding

Scholarship: _____

(Name and Amount)

Additional funding: _____

(Name and Amount)

Student's personal funds: \$ _____

(Amount)