



I-20 Request Form

The following information is required for data input on the SEVIS Initial I-20 Request Form.

Request Date: _____

Are you requesting an I-20 for the first time or a transferred I-20?

Initial I-20

Change of Status

Transferred I-20 If you are *TRANSFERRING* your SEVIS record from another institution contact the international student advisor at your current institution and tell them you are transferring to: “California University-Silicon Valley” (School Code: SFR214F02127000) and obtain a transfer form.

INFORMATION MUST BE ENTERED AS IT APPEARS ON PASSPORT

Last (Family) Name: _____ First Name: _____ Middle Name: _____

Date of Birth (MM/DD/YY): _____ Email: _____

Phone:(____) _____ Country of Birth: _____ Country of Citizenship: _____

Foreign Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Country: _____

US Address (if applicable): Address: _____

City: _____ State: _____ Postal Code: _____

Trimester/Year you will begin study at CUSV: Fall ____ Spring ____ Summer ____ Year: _____

Is your spouse and/or children in the US with you (or will join you)?

Yes – If yes, complete the F-2 dependent information form

No

Not Applicable

I hereby certify that all of the information provided in my application is accurate and true:

Student's Signature: _____

Date: _____

