

I-20 Request Form for International Student

International Student Affairs Office

Email completed document to the International Students Affairs Office at isa@beulah.edu.



Applicant Information <i>(Please write your name as it appears on your passport)</i>		
Last (Family) Name:	First (Given) Name:	
BHU ID:	SEVIS ID (If applicable):	
E-mail:	Phone:	
U.S. Address (If applicable):		
Foreign Address (Number and Street, City, Province/ State, Postal Code, Country):		
Date of Birth: (MM/DD/YYYY)	Country of Birth:	Country of Citizenship:
Desired Campus Location <input type="checkbox"/> Atlanta <input type="checkbox"/> Marietta <input type="checkbox"/> Gwinnett Start Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Student Status <input type="checkbox"/> New Student <input type="checkbox"/> Current Student	Program: <input type="checkbox"/> ESL <input type="checkbox"/> ESL Bridge <input type="checkbox"/> AA <input type="checkbox"/> ABA <input type="checkbox"/> BBA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> MDIV <input type="checkbox"/> DMin <input type="checkbox"/> PhD

REASON FOR I-20 REQUEST <i>(Only check one)</i>
New Student: <input type="checkbox"/> Initial I-20 <i>(From Abroad)</i> <input type="checkbox"/> Transfer from SEVP Certified School <input type="checkbox"/> Change of Status <i>(COS to F-1)</i> Current visa type: <input type="checkbox"/> B1/ B2 <input type="checkbox"/> J1 <input type="checkbox"/> H1 <input type="checkbox"/> R1 <input type="checkbox"/> other _____ <input type="checkbox"/> Reinstatement <i>(Must submit letter of explanation along with this form)</i>
Current Student: <input type="checkbox"/> Change of Level <i>(Ex: Bachelor's to Master's, Master's to Ph.D., Ph.D. to Master's, etc.)</i> <input type="checkbox"/> OPT / OPT Employer Update <i>(must report employment in SEVP portal and submit copy of EAD card)</i> <input type="checkbox"/> Lost Original / Damaged Original <i>(Student must pay reprint fee \$10.00 to the Business Office)</i> <input type="checkbox"/> Return From Leave of Absence/ Readmission <i>(must submit new proof of funding)</i>

DEPENDANTS <i>(If applicable)</i>
Do you have dependents you would like to add to your I-20? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____

Applicant Signature _____ Date _____