

FORM I-20 REQUEST FORM (Current 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:	
E-mail:	Phone:	
U.S. Address:		
Date of Birth: <i>(MM/DD/YYYY)</i>	Country of Birth:	Country of Citizenship:
Campus Location: <input type="checkbox"/> Atlanta <input type="checkbox"/> Marietta <input type="checkbox"/> Gwinnett Current Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Student Status: <input type="checkbox"/> Current Student <input type="checkbox"/> Re-Grad Student <i>(Moving to new degree level)</i>	Program: <input type="checkbox"/> ESL <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 Program Concentration: _____ <i>(RS, LS, Bus.)</i>

REASON FOR I-20 REQUEST <i>(Only check one)</i>
<input type="checkbox"/> Program Extension <i>(Student must request only ONE option below with their academic advisor)</i> <ul style="list-style-type: none"> - Option I. Advisor can send an email to isa@beulah.edu with the following information: 1) remaining courses for the student and 2) anticipated final semester. - Option II. Advisors can sign below with the requested information: <ul style="list-style-type: none"> <input type="checkbox"/> How many remaining courses for the student?: _____ <input type="checkbox"/> New Anticipated Final Semester: _____ <input type="checkbox"/> Advisor Name/Signature : _____ Date : _____
<input type="checkbox"/> Change of Level <i>(Ex: ESL to Bachelor's, Bachelor's to Master's, Master's to Ph.D., etc.)</i>
<input type="checkbox"/> Lost Original / Damaged Original <i>(Student must pay reprint fee of \$10.00 to Business Office)</i>
<input type="checkbox"/> Return From Leave of Absence <i>(Must return to U.S. within 5 months of departure to be eligible)</i>
<input type="checkbox"/> Add Dependent I-20 for F-2 visa process <i>(Must provide copy of passport and verify additional \$5,000 USD per dependant in bank statement)</i>

Applicant Signature _____ Date _____