



Authorized Personnel Only  
\_\_\_\_/\_\_\_\_/\_\_\_\_

I-20 Application for International Students

Please fill in all available information and print clearly!

( ) Initial Attendance ( ) Initial Attendance (COS) ( ) Transfer ( ) Reinstatement ( ) Change Ed Level ( ) Other \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Family/Last Name) (Given/First Name) (Middle)

Sex:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Current and Transfer Students Only:  Changes to File  No Changes to File  
(Not applicable to New Students)

Admission Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Individual Taxpayer ID Number: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

U.S. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Education Level Sought: (Circle the one that applies)

ESL / BBA / BSA / BAB / BSF / Th.B

MACC / MBA / MAR / MAWM / Th.M / MRE / M.Div / D.Min / D.Miss

Length of Program (months): 24 / 36 / 48 / 60

Program Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependents Residing with You in the U.S.? No \_\_\_ Yes \_\_\_ How many? \_\_\_\_\_

If Yes, Please Fill In Information On Dependent Spouse and/or Children Below:

Last Name:	First Name:	Date of Birth: ____/____/____	Country of Birth:	Relationship:  Spouse / Child
Last Name:	First Name:	Date of Birth: ____/____/____	Country of Birth:	Relationship:  Child
Last Name:	First Name:	Date of Birth: ____/____/____	Country of Birth:	Relationship:  Child
Last Name:	First Name:	Date of Birth: ____/____/____	Country of Birth:	Relationship:  Child

Total Available Funding (Minimum of \$17,000 per student + \$6,000 for each dependent): \$ \_\_\_\_\_

\* Students must provide school with proper documentation showing proof of financial support.

**Transfer Student Information** (Complete only if applicable)

SEVIS ID Number: N000 \_\_\_\_\_

Transferred From: \_\_\_\_\_ Degree / Program: \_\_\_\_\_  
Name of Institution

Attended From: \_\_\_\_\_ to \_\_\_\_\_  
Starting Date End Date

**Employment Information** (Complete only if applicable)

On Campus: Department: \_\_\_\_\_

Curricular Practical Training: Company Name: \_\_\_\_\_ from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Optional Practical Training: Company Name: \_\_\_\_\_ from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Remarks: \_\_\_\_\_

I hereby certify that the above information is accurate to the best of my knowledge and am aware of the full cost of education at WBU and the minimum funds required. I will not hold WBU responsible for any adverse outcome due to any falsified information.

\_\_\_\_\_  
 Student's Name (Please Print)

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number