

# Request for SEVIS I-20

Office of University Admissions

One South Avenue • P.O. Box 701 • Garden City, NY 11530-0701 • U.S.A.

Tel: 1.516.877.4990 • Fax: 1.516.877.3148 • Website: adelphi.edu



Students requesting an I-20 or a DS-2019 form must also submit the Affidavit of Support along with supporting financial documentation to the Office of University Admissions. All documents must be received no later than July 15 for the fall semester and December 15 for the spring semester.

## Part I: Biographical Information (Please attach photocopies of your passport.)

Student's name (as stated on passport):

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
Family/Surname First

Date of birth: \_\_\_\_\_ City and country of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Foreign address (mandatory): \_\_\_\_\_ Current U.S. address (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number (include country code if outside the U.S.): \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

## Dependent Information

(Please attach photocopies of the passport for each dependent and proof of relationship. A dependent is a spouse or child you intend to bring with you. Accompanying financial documentation should be attached.)

Name of dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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# If You Are Currently In The U.S. (please attach photocopies of proof of status)

What is your current immigration status?  F-1  F-2  J-1  B1/B2  H-1  Other

Do you have a valid visa?  Yes  No Expiration date: \_\_\_\_\_

Are you in valid immigration status?  Yes  No

If you are currently an F or J student, from what school are you transferring? \_\_\_\_\_

## Mailing Information

Please indicate the address to which you would like your Form I-20 and information packet mailed.

### Name or In Care Of:

\_\_\_\_\_  
First Family/Surname

### Address:

\_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_  
City State Country Postal code

## Signature

"I certify that the information included in this request for SEVIS I-20 form is accurate and truthful to the best of my ability and knowledge."

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of parent or guardian if under 18 Date

### ADELPHI UNIVERSITY OFFICE OF UNIVERSITY ADMISSIONS

One South Avenue  
P.O. Box 701  
Garden City, NY 11530-0701  
U.S.A.

Please return this form by mail to the address above or return to student in a sealed envelope. Unsealed envelopes will not be accepted.