Suffolk
COUNTY COMMUNITY COLLEGE

Central Admissions
International Student Office

Application for SEVIS Form I-20

Section 1 - Personal Information

Name:
Family/Last_____ Given/First_____ Middle_____

Gender: ☐ Male ☐ Female **Date of Birth:** _____ **Marital Status:** ☐ Married ☐ Single

Foreign Address: _____
Number and Street

_____ _____ _____ _____
City State or Province Country Postal Code

U.S. Address:_____
Number and Street

_____ _____ _____
City State Zip Code

(_ _ _) _ _ _–_ _ _ _ (_ _ _) _ _ _–_ _ _ _ _____
Home Phone Number Mobile Phone Number Email Address

_____ _____
Country of Birth Country of Citizenship

Section 2 - Dependents

Please provide the following if you expect to bring any dependent (e.g., spouse, child) to the U.S.:

Name of Dependant	Relationship	Country of Birth	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 3 - Current Status Information

If you are in the U.S. NOW, please complete this section, OTHERWISE move onto Section 4

Do you have a valid visa/status? ☐ Yes ☐ No Expiration date (if yes): _____

If you answered **yes,** please indicate which status you have: ☐ F-1 ☐ B1/B2 ☐ J-1 ☐ H-1 ☐ Other ___

What is your reason for requesting SEVIS Form I-20?

☐ Transferring/Changing U.S. Schools ☐ Requesting Reinstatement to F-1 Status ☐ Change of Status

If transferring, you must also submit an F-1 Transfer Recommendation Form signed by your previous school, available at http://www.sunysuffolk.edu.

IS-120

Section 4 - Delivery Information

How would you like to receive the SEVIS Form I-20 and Acceptance Packet?

☐ **Mail** **OR** ☐ **Pick-up**

IF MAIL, the SEVIS Form I-20 and acceptance packet will be sent via standard airmail. Please print the name and address clearly as it should appear on the envelope:

Family/Last Name _____ Given/First Name _____ Middle Name _____

Street/Number _____

City _____ State _____ Country _____ Postal Code _____

IF PICK-UP, who will be picking up the SEVIS Form I-20?

☐ I will be picking up the form myself.

☐ I authorize the following person to pick up the form on my behalf:

Family/Last Name _____ First Name _____

(_ _ _) _ _ _–_ _ _ _ Home Phone Number (_ _ _) _ _ _–_ _ _ _ Mobile Phone Number _____ Email Address

Signature

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

Student's Signature _____ Date _____

Section 5 - Emergency Contact

Please provide the contact information for the person who we should notify in the case of an emergency.

Contact Name: _____ _____ _____

Family/Last Name Given/First Name Relation to Applicant

Contact Address: _____

Number and Street

City _____ State _____ Zip Code _____

(_ _ _) _ _ _–_ _ _ _ Home Phone Number (_ _ _) _ _ _–_ _ _ _ Mobile Phone Number _____ Email Address

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