

Application for Form I-20

Personal Information

Enter your name exactly as shown on your country's passport

Family (Last) Name: _____ First (Given) Name: _____

Gender: ☐ F ☐ M Date of Birth: _____

Country of Birth: _____ City of Birth: _____

County of Citizenship: _____ Country of Permanent Residence: _____

Email: _____

U.S. Telephone: _____ Home Country Telephone Number: _____

Enter Your permanent, physical address in your home country. Postal boxes are not accepted.

Permanent Address: _____

Address in the United States (this information is required for students transferring to MassBay from within the US and for students applying for Change of Status):

U.S. Number and Street: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Dependents

☐ I plan to come without dependent(s)

☐ The following dependent(s) will accompany me (list names and relationships)

Please attach a copy of dependent's passport biography page to confirm name.

Family (Last) Name: _____ First (Given) Name: _____

Birthdate (mm/dd/yyyy): _____ Country of birth: _____

Relation to you: _____

Family (Last) Name: _____ First (Given) Name: _____

Birthdate (mm/dd/yyyy): _____ Country of birth: _____

Relation to you: _____

Family (Last) Name: _____ First (Given) Name: _____

Birthdate (mm/dd/yyyy): _____ Country of birth: _____

Relation to you: _____

Reason to issue I-20

- ☐ Initial I-20
 - ☐ Change of Status from other US Visa
 - ☐ Transfer I-20; indicate the name of the institution you are transferring from _____
 - ☐ Change program level (eg from F2 to F1)
-

If you are in the U.S. now, complete this section

What is your current visa status?

- ☐ F-1 What is your SEVIS ID Number? _____
- ☐ J-1 When is the end date of your DS2019? _____
- ☐ B-1/B-2 When is the I-94 expiration date? _____

Do you plan to travel outside the US to apply for F-1 Visa? ☐Yes ☐No

This form should be returned to admissions@massbay.edu

Admissions Office:

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