



Application for SEVIS I-20

International Students and Scholars Program CENTER FOR INTERNATIONAL PROGRAMS

One John Marshall Drive
Huntington, WV 25755-1054
304/696-6265 or 304/696-7250 FAX 304/696-6353
E-mail: carnes2@marshall.edu

NOTE: There is a minimum of two (2) days required before your I-20 will be ready!

Name: _____
(Family in CAPS) (First) (Middle)

Country of Birth: _____

Country of Citizenship: _____

Date of Birth: ___/___/___ A# or I-94# _____

Why I-20 is needed:

Travel Date expected to return: ___/___/___

Spouse and/or children to enter U.S. _____

(Name / Date of Birth)

Other (specify) _____

Type of Visa _____

Level of Education being pursued:

Undergraduate Degree Master's Degree Ph.D. Post-Doctorate

Major: _____

Expected Graduation Date: ___/___/___ Normal Length of Study _____

Purpose of Document and Additional Documents Needed:

Personal funds (Bank statement required) \$ _____

Funds from this school (G.A. or scholarship) \$ _____

Fund from another source \$ _____

On-campus employment \$ _____

Current Address: _____

Phone: _____

I certify that the above information is true and correct

Student Signature _____ / / _____
Date