

ADELPHI UNIVERSITY
OFFICE OF INTERNATIONAL ADMISSIONS
ONE SOUTH AVENUE
P.O. BOX 701
GARDEN CITY, NEW YORK 11530-0701
516.877.3050 (TEL) 516.877.3039 (FAX)

REQUEST FOR SEVIS FORM I-20

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 Admissions. All documents must be received no later than July 15th for the Fall Semester and December 15th for the Spring Semester.

Section 1: Biographical Information (Please include a photocopy of your passport information page)

Name of Student:

Mr. _____
 Ms. _____

Last (Family)
First
Middle

Date of Birth: ____/____/____ **Country of Citizenship:** _____

Month
Day
Year

City of Birth: _____ **Country of Birth:** _____

Foreign Address: (mandatory)

Street _____ Apt. # _____
 City _____ State/Province _____ Postal Code _____ Country _____
 Phone: _____ Fax: _____
 (Include country code, if outside the U.S.)

E-Mail: _____

U.S. Address: (if applicable)

Street _____ Apt. # _____
 City _____ State _____ Zip Code _____
 Phone: _____ Fax: _____
 (Area code) (Area code)

Section 2: Dependent Information (Please include passport information page for ALL dependants and evidence of Relationship, example: marriage license or birth certificate)
Also, please note you must complete a secondary affidavit of support for all dependents.

Name of Spouse/Child	Relationship	Country of Birth	Country of Citizenship	Date of Birth
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

Section 3: Status Information

IF YOU ARE CURRENTLY IN THE U.S., PLEASE COMPLETE THE FOLLOWING INFORMATION.
IF NOT PLEASE GO TO SECTION 4.

What is your current immigration status? ___F-1 ___F-2 ___J-1 ___B1/B2 ___H-1 ___Other _____

Do you have a valid visa? Expiration Date ___/___/___

Are you in valid Immigration Status? Yes No

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

Please attach photocopies of proof of status.

Section 4: Delivery Information

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

Name or In Care Of

Street

Apt. #

City

State/Province

Postal Code

Country

Section 5: Certification of Acknowledgement

“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