

COLUMBUS STATE

INTERNATIONAL STUDENT SERVICES

Please complete this form with your accurate information in order to create your personalized Form I-20. Return this form to istudent@cscs.edu **All fields are required.**

PERSONAL DATA:

Surname _____ First Name _____ Middle Name _____
(As it appears on your passport)

HOME COUNTRY ADDRESS:

Street _____
City _____ Province _____ Country/Zip code _____
Telephone _____ Email Address _____
Emergency Contact _____ Relationship/Email Address _____

ADDRESS IN THE U.S. (if applicable):

Street _____
City _____ State/Zip code _____
Telephone _____ Email Address _____
U.S. Contact _____ Relationship/Telephone _____

SELECT ALL THAT APPLY:

- I am requesting an I-20 for my F-1 visa application at a US embassy abroad.
- I wish to apply for a change of status to F-1 in the U.S.
- My current Immigration Classification (Visa/Status) in the U.S. is _____
- I wish to transfer to CSCC from another U.S. college/university
- I currently attend (name of school) _____
- I am a returning F-1 student at CSCC
- I wish to apply for reinstatement to F-1 status

Date of Birth: Month _____ Day _____ Year _____ Gender: Male Female
Country of Birth _____ City of Birth _____
Country of Citizenship _____

ENROLLMENT PLANS:

Term and year you plan to enroll: Autumn Spring Year _____

Major (must be a degree program): _____

FINANCES:

Sponsor	Amount must total at least \$25,897
Self	
U.S. Sponsor	
Family funds from abroad	
Sponsor from abroad	
Government Sponsor	
Other	
Total per year	

If you have questions about this form, contact istudent@cscs.edu