

I-20 REQUEST FORM - SUPPLEMENTAL INFORMATION

Please answer all applicable questions on this form or there may be delays for your I-20 or registration.

Section I - ALL applicants complete this section. USE THE NAME ON YOUR PASSPORT ON THIS FORM.

*** Submit a copy of the passport page that contains your names.**

Last Name / Surname(s)	First / Given Name(s)	MC I.D. Number (If known)
Phones – home country and US. Please include all digits	Student's e-mail address	
U.S. Local Address (Street number / City / State)	Montgomery College Major	
Country and City of Birth	Date of Birth (mm/dd/yy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Local Contact Person: _____

Name / Relationship / Telephone Number / Email

The person listed as my Local Contact Person may (check all that apply)*:

- See my file contents, Receive my documents, I do not want my contact to have access to my file.

(to change the person or access – the student must send a signed letter or email from their personal email address)

Sponsor's Information

Name Telephone Number Email

Mailing Address in Your Home Country (REQUIRED INFORMATION - P.O. Box is allowed for this address)

House number and street OR P.O. Box number City

State, Province, or District the City is in. Country Postal Code – if available

Do you have any family members who will need a student dependent "F2" Status? Yes No

Section II - Complete this area ONLY if you are currently in the United States. (Complete 1 OR 2)

1. Current Student - Please submit a legible copy of your current I-20 (all pages), I-94 card (front and back), visa, passport ID page, & Employment Authorization Card (if applicable).

Name of your U.S. School Dates of Attendance: Start of studies Last day of classes or I-20

2. Non F-1 - Visa type Letter and Number _____ **Date status expires** _____

PLEASE CHOOSE: I will travel outside of the US and apply for an F-1 Student Visa overseas

I wish to apply for a Change of Status (appointment with Coordinator required)

Month _____ Day _____, Year 20 _____.

Applicant's Digital or Type Signature