

International Reformed University & Seminary 125 S. Vermont Ave. L.A., CA 90004 Tel (213)381-0081, Fax (213)381-0010 www.irus.edu office@irus.edu

Application for the Form I-20

SECTION 1: PERSONAL INFORMATION (USE NAME AS IT APPEARS ON YOUR PASSPORT)

LAST NAME OR FAMILY NAME	FIRST OR GIVEN NAME		MIDDLE NAME STATE OR PROVINCE	
STREET ADDRESS (FOR MAILING)	CITY			
COUNTRY	MAIL OR ZIP CODE	TELEPHONE		
COUNTRY OF BIRTH	DATE OF BIRTH (MONTH/DAY/YEAR)		AGE SEX: MALE FEMALE	
SECTION 2: DEPENDENT INFORMAT	COUNTRY OF CITIZENSHIP	١		
Complete this section if you have a spouse of			our studios in the LLS	List oach
person's legal name as it appears on the pas States are US citizens. As such, they are inel	ssport. If you have no dependents,	-		
Full Name (As it appears on passport)	Date of Birth	Country of Birth and Country of Citizenship Gender		Gender
	(mm/dd/yyyy)			(M/F)
Spouse:				
Children 1:				
Children 2:				
Children 3:				
Children 4:				
Intended Start Term: Fall/Year: Program: BA in Christian Studies M SECTION 4: SUPPORTING DOCUMEN 1. Copy of bank statement or other financia then they must fill out and sign the Sponsor 2. \$300 (Non-refundable) 3. Copy of passport information page 4. Copy of spouse's passport (if married and 5. Copy of children's passport (if requesting 6. Copy of current I-20 and both sides of you SECTION 5: INFORMATION Pay the SEVIS I-901 fee (this is different from BEFORE your visa interview. Fill out the SEV	ITS and FEE I support documents. If you will have Letter (Affidavit of Support). This teleproper to children under 21) In I-94 (if currently attending an instant the visa application processing feet	e a financial sponsor (emplate can be found itution in the U.S.) This fee must be pass://www.fmjfee.com	(parent, relative, and in the I-20 application in the	n packet.
SIGNATURE OF APPLICANT	ngormation on this rother 20 applie	DATE		
Office Use only: The issued I-20 has	been picked up (or mailed out	i) by	on <i>DAT</i>	 F