I-20 Application Form

Name_____
Last Name First Name Middle Name

Date of Birth: _____/_____/_____ **Gender (male/female)**_____
Month/Day/Year

Country of Birth:_____ **Country of Citizenship:**_____

Address Outside U.S. (This information is required for I-20.)

Street: _____
_____
City: _____
Province/
Territory: _____
Country: _____
Postal Code: _____

U.S. Address (if known)
Street: _____
_____
City: _____
State: _____
Zip Code: _____

E-mail address: _____@_____
Please check your e-mail regularly.

Telephone Number in Virginia:_____

I am requesting Patrick Henry Community College to issue an I-20 form. I understand that by using this form to enter the U.S. or change to F-1 status, I will be expected to study at PHCC for at least one semester. I certify that all the information included with this request is true to the best of my knowledge.

Signature:_____ Date:_____