

I-20 Request Form (F-1 Status)

This form will be used to complete your I-20. Please complete it accurately.

Section 1: Student's Information

I-20 Request Type (check all that apply):

- Request for F-1 Student Non-Immigrant Status (I-20) to apply for F-1 Student Visa Outside of the U.S. (Initial Attendance)
- Request Visa/SEVIS Transfer To Shelton State Community College From Another U.S. School
- Request Change-Of-Status To F-1. Current Visa Type _____
- Request Reinstatement

Name and Residence Information (Name on Your I-20 Must Match Passport)

Family/Last Name(Surname)		First Name		Middle Name (If Any)	
Date Of Birth(MM-DD-YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone		Email	
City of Birth	Country of Birth	Country of Citizenship		Country Of Permanent Residence	
Address in Home Country (Give a Complete Address, not PO Box): _____ _____			Address in U.S. _____ _____		
City	Province/Territory	Postal Code	City	State	Zip Code

Shelton State Community College Degree Information

myShelton User ID: A _____

Anticipated Degree Program: Associate of Arts Associate of Science Associate of Applied Science

Intended Major: _____

Anticipated Start Date: Fall (August) Spring (January) Summer (May) Year: _____

Do You Have A Shelton State Community College Academic Advisor? Yes No

If yes, please provide name: _____

Shelton State Community College Health Insurance

The College requires that the student has adequate health insurance which is inclusive of a repatriation benefit. Proof of life insurance is waived with documentation of the proper insurance policy. The institution should have a recommended coverage available for international students seeking adequate health coverage. International students who do not have the proper insurance must purchase a health insurance policy through the College. Students are required to pay for one semester of coverage at the time of registration.

Are you using Shelton State Community College insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	For Office Use Only: If student is not using SSCC insurance, is proof of personal insurance provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide a copy of your insurance card to ISS.	

Section 2: Dependent Family Information (For Spouse And Children's F-2 I-20)

IMPORTANT NOTE:

F-2 I-20 Documents can be issued only to a dependent spouse and to unmarried, dependent children under 21 years of age. Married children and children over 21 cannot be issued an F-2 I-20.

Do you have any dependents (spouse or children) joining you in the U.S.? Yes If yes, how many? _____ No

For additional dependents, please copy the information below and include on a separate page.

Dependent Number 1		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child (Daughter) <input type="checkbox"/> Child (Son)	
Family/Last Name(Surname)		First Name	Middle Name (If Any)
Date Of Birth (MM-DD-YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	City of Birth	Country of Birth
Country of Citizenship	Country of Permanent Residence		Current Visa Status
Dependent Number 2		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child (Daughter) <input type="checkbox"/> Child (Son)	
Family/Last Name(Surname)		First Name	Middle Name (If Any)
Date Of Birth (MM-DD-YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	City of Birth	Country of Birth
Country of Citizenship	Country of Permanent Residence		Current Visa Status

Section 3: Student Attestation

By signing below, I certify that all information on this form is true. I understand that any misrepresentation may be cause for refusing or revoking admission to Shelton State Community College.

Student Signature: _____ Date: _____

ISS Witness: _____ Date: _____