SMU | INTERNATIONAL STUDENT & SCHOLAR SERVICES
Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

I-20 REQUEST FORM

Today's Date: _____

Please complete ALL information below and return this form to the SMU International office.

You must check the one reason that applies on next line!

( ) New Student ( ) Transfer student ( ) Change of Status ( ) Change level of Education

Visa Status Information

Is the student in the United States? ( ) YES ( ) NO

If yes, what type of Visa (circle one): B-2 F-1 J-1 J-2 H-1 Other_____

Please indicate non-immigrant visa type if other, i.e. A-1, G-1, etc.

**New immigration laws require any F-2 dependent to change status to F-1 prior to the start of their program if they desire full-time study*

Transfer inside the U.S. Information

If the student is already in USA as an F-1, what academic institution has the student attended or is attending?

_____

Has the immigration transfer form for the F-1 student been sent to the student's institution? ( ) YES ( ) NO

Contact information

Dept._____ Admissions Officer _____ Phone _____

Email address _____ Dept. budget code _____ (for UPS charges)

Student's Personal Information

SMU ID # _____-_____

Access.SMU.edu ID Number

_____

FAMILY NAME (Last name) AS APPEARS ON PASSPORT

_____ _____ _____

GIVEN NAME (First Name) AS APPEARS ON PASSPORT **Middle Name** (if any)

DATE OF BIRTH: ____ - ____ - _____ **GENDER**: ( ) MALE ( ) FEMALE

Month Day Year

***PERMANENT ADDRESS IN HOME COUNTRY**

_____

STREET ADDRESS

_____ _____ _____ _____ _____

***CITY** **DISTRICT** **PROVINCE/STATE** ***POSTAL CODE** **COUNTRY**

SHIPPING INFORMATION

ADDRESS (If different from Home Country Address): _____

***STREET**

_____ _____ _____ _____ _____

***CITY** **DISTRICT** **PROVINCE/STATE** ***POSTAL CODE** ***COUNTRY**

***PHONE #:**_____ ***E-MAIL:**_____

All documents will be mailed via UPS, unless requested otherwise. UPS will NOT deliver to a P.O. Box!

For shipping purposes, IT IS EXTREMELY IMPORTANT THAT THE INFORMATION WITH AN ASTERISK (*) IS SUBMITTED.

PROGRAM INFORMATION

EDUCATION LEVEL ADMITTED FOR (Check one): ( )**BACHELORS** ( )**MASTERS** ( )**Ph.D.**
( )**CERTIFICATE PROGRAM** ( )**PERFORMERS DIPLOMA** ( )**INTENSIVE ENGLISH only**
NORMAL LENGTH OF STUDY: _____ years

***THIS STUDENT IS EXPECTED TO REPORT TO SMU NOT LATER THAN** _____ - _____ - _____
MONTH DAY YEAR

STUDENTS WILL NOT BE ALLOWED TO ENTER THE COUNTRY **AFTER THE REPORT DATE STATED ABOVE! ALSO, THIS DATE **CANNOT** BE MORE THAN 30 DAYS FROM THE FIRST DAY OF CLASSES.*

Is English proficiency required for this program? ( ) YES ( )NO
If 'No', reason is (check one): ( )**TOEFL Waived** ( )**student from English Speaking Country**
( )**Student receiving English Instruction at the School**
If 'YES', does the student have the required English Proficiency? ( )YES ( ) NO

FINANCIAL INFORMATION

STUDENT EXPENSES ARE BASED ON:

( )**12 MONTHS** ( )**9 MONTHS** ( )**OTHER** (Specify) _____
NOTE: This period must equal the period for student's mean of support

ESTIMATE OF STUDENT'S PROGRAM EXPENSES

TUITION & FEES: US $_____

STUDENT LIVING EXPENSES: US $_____

LIVING EXPENSES FOR DEPENDENTS: US $_____

OTHER COSTS (Health Insurance) US $_____ (If not insurance, please specify)

TOTAL COSTS US $_____

STUDENT MEANS OF SUPPORT

STUDENT PERSONAL FUNDS US $_____

FUNDS FROM SMU:
SCHOLARSHIP US $_____
ASSISTANSHIP US $_____

FAMILY FUNDS FROM OUTSIDE U.S.A. US $_____

OTHER FUNDS FROM OUTSIDE U.S.A. US $_____ Please specify _____

FAMILY FUNDS FROM INSIDE U.S.A. US $_____

OTHER FUNDS FROM INSIDE U.S.A US $_____ Please specify _____

TOTAL SUPPORT US $_____

DEPENDENT INFORMATION-If any immediate family (spouse and/or children) are traveling with the student please complete below as it appears on their passport.

Dep. #1 **Dependent SMU Id#** _____
LAST NAME: _____ FIRST NAME: _____
Date of birth: _____ - _____ - _____ Gender: ( )Male ( )Female Relationship to the student: _____

Dep. #2 **Dependent SMU Id#** _____
LAST NAME: _____ FIRST NAME: _____
Date of birth: _____ - _____ - _____ Gender: ( )Male ( )Female Relationship to the student: _____

Dep. #3 **Dependent SMU Id#** _____
LAST NAME: _____ FIRST NAME: _____
Date of birth: _____ - _____ - _____ Gender: ( )Male ( )Female Relationship to the student: _____