



Please type or print clearly and complete all applicable fields. You must attach all required immigration documents (financial documents, copy of passport, etc.) to this form and submit them to UCF Global at the address, e-mail or fax listed at the bottom of this form.

PURPOSE

- Initial I-20 (From Abroad) Transfer from U.S. School Reinstatement Change of Status* Current visa type:

*Please contact UCF Global to request further information regarding a change of status.

APPLICANT INFORMATION

Please write your name as it appears on your passport.

Last (Family/Primary) Name: UCF ID: First (Given) and Middle Name(s) Date of Birth (MM/DD/YYYY): E-mail Address: Gender Country of Birth: Country of Citizenship: Start Term Degree level Major / Program:

TRANSFER INFORMATION

Required if transferring from another educational institution in the United States.

School Transferring From: SEVIS N#:

FOREIGN ADDRESS

A complete physical home address in your home country is required. No P.O. boxes accepted.

Street Address City Province/Territory Postal Code Country

I-20 MAILING ADDRESS

This is the address your I-20 will be mailed to.

Street Address City Province/Territory Postal/Zip Code Country Phone Number

LOCAL U.S. ADDRESS

Only for individuals currently residing in the United States.

Street Address City State Zip Code County Phone Number

DEPENDANTS

Do you have dependents you would like to add to your I-20? Yes No

STUDENT AGREEMENT

I authorize UCF Global to access my I-94 arrival and departure date records (accessible through U.S. Customs and Border Protection website) for immigration and on-campus employment purposes.

Applicant Signature Date



DEPENDENT INFORMATION

Please list all dependents who will be accompanying you to live in the U.S. during your studies. Only your legal spouse and dependent unmarried children under the age of 21 can be claimed as dependents. The financial requirement for each dependent is an additional U.S. \$3,000. A copy of each passport must also be submitted to UCF Global for issuance of the dependent I-20.

Write names as they appear in passport. Please print

	Dependent 1	Dependent 2
Relationship/Gender	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Family Name (Last)		
First and Middle Name(s)		
Date of Birth (MM/DD/YYYY)		
Gender		
Country of Birth		
Country of Citizenship		
Street Address		
City & Postal Code		
Province/Territory		
Country		

	Dependent 3	Dependent 4
Relationship/Gender	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Family Name (Last)		
First and Middle Name(s)		
Date of Birth (MM/DD/YYYY)		
Gender		
Country of Birth		
Country of Citizenship		
Street Address		
City & Postal Code		
Province/Territory		
Country		