

Ivy Tech – Bloomington I-20 Request form

*** PLEASE PRINT NAME EXACTLY AS IT APPEARS IN THE PASSPORT***

Male / Female

LAST (FAMILY) NAME First (given) name Middle name

Date of birth: ____/____/____ _____
Mo. Day Year Country of Birth Country of Citizenship

Bloomington Address: _____

Telephone Number: (____) _____ - _____

Passport expiration date _____

Foreign Address: _____

If you now have, or will have in the future, F-2 dependents (spouse or children) in the US, list them below:

NAME	DATE OF BIRTH (Mo/Day/Year)	COUNTRY OF CITIZENSHIP	RELATIONSHIP TO F1 (Circle one)
1.-LAST _____ First _____ Middle _____	____/____/____	_____	Spouse / Child and Male / Female
2.-LAST _____ First _____ Middle _____	____/____/____	_____	Spouse / Child and Male / Female
3.-LAST _____ First _____ Middle _____	____/____/____	_____	Spouse / Child and Male / Female

DEPENDENT(S) SEVIS ID(s): 1) _____ 2) _____ 3) _____

Are you traveling outside the US? If yes, departure date: _____ Return date: _____

- Medical insurance: If you have insurance, you must apply for the waiver within 10 days of the semester beginning.
- Full-time is 12 credit hours, of which only 3 credit hours can be internet based.
- I understand fees (including insurance) must be paid prior to the beginning of the semester.

I certify that the statements made on this form are true and correct.

Signature: _____ Date: _____

Office Use Only

Today's date _____

I-20 Pick-up date _____