



SMU

International Student & Scholar Services Office

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: ____ - ____ - ____
Month Day Year

GENDER: MALE FEMALE

*PERMANENT ADDRESS IN HOME COUNTRY

STREET ADDRESS

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

ADDRESS (If different from Home Country Address): _____

***STREET**

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