

Request for an I-20 Form (Certificate of Eligibility for F-1 Status)

All information, except the signature, should be typed or printed clearly.

Provide your name as it appears in your passport.

Last Name	First Name	Middle Name
Phone	E-Mail	
Address in U.S.		
Street		
City	State	Zip Code
Address Overseas		
Street		
City	Country	Postal Code
Country of Birth		Country of Citizenship
Passport Number		Expiration Date
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	(mm/dd/yyyy)	

What is the program you intend to study at Brookdale?

Person in U.S. to be notified in an emergency:

Last Name	First Name	Phone Number
Address		
Street		
City	State	Zip Code

If currently in the United States, give current immigration status and date of arrival.

Status (F-1, J-1, H-1b, H-4, etc.)	Date of arrival
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If you currently hold F-1 status, give name and address of institution that issued your current I-20

Institution:

Address:

Be sure to include copies of all immigration documents including: passport biographical and visa pages, back and front of the I-94 card, any previous I-20 forms, any previous DS 2019 forms, and any EAD cards.

Signature: _____ Date: _____

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Dependent Information**

If you have dependents who will accompany you, please complete the following information:

➤ Dependent 1

Last Name _____ First Name _____ Middle Name _____
Country of Birth _____ Country of Citizenship _____
Date of Birth _____ Gender: Male Female Relationship: Spouse Child

➤ Dependent 2

Last Name _____ First Name _____ Middle Name _____
Country of Birth _____ Country of Citizenship _____
Date of Birth _____ Gender: Male Female Relationship: Spouse Child

➤ Dependent 3

Last Name _____ First Name _____ Middle Name _____
Country of Birth _____ Country of Citizenship _____
Date of Birth _____ Gender: Male Female Relationship: Spouse Child

➤ Dependent 4

Last Name _____ First Name _____ Middle Name _____
Country of Birth _____ Country of Citizenship _____
Date of Birth _____ Gender: Male Female Relationship: Spouse Child

Signature: _____ Date: _____