

I-20 CHECKLIST

1. Person with whom the student will be living:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

2. Student Information (**Important to have the correct name spelling**)

Student's Name _____

Country of Birth _____

Date of Birth _____

Country of Citizenship _____

3. Date student expected to arrive at the school. (____/____/____)
mm dd yyyy

4. Date student expected to leave the school. (____/____/____)
mm dd yyyy

5. Is the student English proficient? Yes__ No__

6. Current residence of student.

Address _____

City or Province _____

Country _____

Zip Code _____