

PACIFICTECH

SEVIS I-20 APPLICATION

*1. Visa Type	
*2. Last Name (Family)	
*3. First Name	
4. Middle Name	
*5. Date of Birth(mm/dd/yyyy)	
*6. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
7. City of Birth	
8. Country of Birth	
9. Country of Citizenship	
10. Issue Reason	<input type="checkbox"/> Initial attendance <input type="checkbox"/> Initial attendance –Change of status requested <input type="checkbox"/> Continued Attendance Current Session End Date: _____ / _____ / _____ Next Session Start Date: _____ / _____ / _____ <input type="checkbox"/> School Transfer Transfer from: _____ <input type="checkbox"/> Reinstatement requested <input type="checkbox"/> Other Reason: _____
PAID: _____ / _____ / _____	
*11. Admission Number: (11 digit of I-94)	
12. U.S. Phone Number	
13. E-mail Address	
*14. U.S. Address	
	City
	State, Zip Code
*16. Foreign Address	
	City, State
	Province/Territory
	Postal Code

Country	
17. Major	<input type="checkbox"/> AS Information Systems <input type="checkbox"/> AS Business Administration-Digital Marketing <input type="checkbox"/> English a Second Language (ESL)
18. Normal Length of Study	
*19. Program Start Date	____ / ____ / ____
20. Program End Date	____ / ____ / ____
21. Total Available Funding	\$ _____

Dependent Information

Spouse	
*1. Last Name (Family)	
*2. First Name	
3. Middle Name	
4. Date of Birth (mm/dd/yyyy)	
*5. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
6. City of Birth	
7. Country of Birth	
8. Country of Citizenship	
9. U.S Phone Number	
10. E-mail Address	

Child (1)	
*1. Last Name (Family)	
*2. First Name	
3. Middle Name	
4. Date of Birth (mm/dd/yyyy)	
*5. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
6. City of Birth	
7. Country of Birth	
8. Country of Citizenship	

Child (2)	
*1. Last Name (Family)	
*2. First Name	

3. Middle Name	
4. Date of Birth (mm/dd/yyyy)	
*5. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
6. City of Birth	
7. Country of Birth	
8. Country of Citizenship	

Child (3)	
*1. Last Name (Family)	
*2. First Name	
3. Middle Name	
4. Date of Birth (mm/dd/yyyy)	
*5. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
6. City of Birth	
7. Country of Birth	
8. Country of Citizenship	

I hereby certify that all of the information I have provided on this form is true and accurate to the best of my knowledge, and I will not hold Pacific Tech responsible for any adverse outcome due to falsified information.

Name: _____

Signature: _____ Date: _____