

**INFORMATION FOR I-20**

Reason for I-20:

New Student  Change of Status  Reinstatement  Transfer from: (school) \_\_\_\_\_

Family Name: (print) \_\_\_\_\_ Gender:  Male  Female

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Passport Name: \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Foreign Address: (Please write clearly)

Street: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

U.S. Address: (Please write clearly)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Program Choice: (Must be a Macomb Community College program) \_\_\_\_\_

Macomb Start Term and Year: **Fall** (August)  **Winter** (January)  **Spring/Summer** (May)

Number of Dependents (if any) \_\_\_\_\_ Write names below: (must provide documentation such as birth certificates if children or marriage license for spouse; passports required for all dependents)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you are out of the country, please provide the name of person picking up your I-20: \_\_\_\_\_