



F-1 INFORMATION FOR I-20

Reason for I-20

Reason for I-20: New Student Change of Status Transfer from (school) _____

Gender: Male Female Other

FAMILY NAME (PRINT)

FIRST NAME

MIDDLE NAME

PASSPORT NAME

DATE OF BIRTH (MMDDYYYY)

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

CITY OF BIRTH (IF CITY OF BIRTH IS NOT LISTED ON YOUR PASSPORT, YOU MUST ALSO PROVIDE US WITH A COPY OF YOUR BIRTH CERTIFICATE)

Foreign Address: (Please write clearly)

STREET HOME PHONE NUMBER (AREA CODE)

CITY PROVINCE COUNTRY POSTAL/ZIP CODE

U.S. Address: (Please write clearly)

STREET HOME PHONE NUMBER (AREA CODE)

CITY PROVINCE COUNTRY POSTAL/ZIP CODE

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 Dependants (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 (MMDDYYYY)

COUNTRY OF BIRTH RELATIONSHIP

LAST NAME FIRST NAME DATE OF BIRTH (MMDDYYYY)

COUNTRY OF BIRTH RELATIONSHIP

LAST NAME FIRST NAME DATE OF BIRTH (MMDDYYYY)

COUNTRY OF BIRTH RELATIONSHIP

SIGNATURE

DATE