

Career Technical Institute

I-20 Request Form

1 Last Name: \_\_\_\_\_

2 First Name: \_\_\_\_\_

3 Middle Name: \_\_\_\_\_

4 Suffix: \_\_\_\_\_

5 Date of Birth: \_\_\_\_\_

6 Gender: \_\_\_\_\_

7 Country of Birth: \_\_\_\_\_

8 Country of Citizenship: \_\_\_\_\_

10 Email Address: \_\_\_\_\_

11 Foreign Address:

    Address 1: \_\_\_\_\_

    Address 2: \_\_\_\_\_

    City: \_\_\_\_\_

    Territory: \_\_\_\_\_

    Postal Code: \_\_\_\_\_

    Country: \_\_\_\_\_

12 U.S. Address: (if any)

    Address 1: \_\_\_\_\_

    Address 2: \_\_\_\_\_

    City: \_\_\_\_\_

    State: \_\_\_\_\_

    Zip Code: \_\_\_\_\_

13 Education Level: \_\_\_\_\_

    If other: \_\_\_\_\_

14 Course of Study: \_\_\_\_\_

15 Length of Stay: \_\_\_\_\_

16 Program Start Date: \_\_\_\_\_