



Career, Co-op & International Services

Supplemental Information for I-20 Request

It is important that you answer all applicable questions on this form. Not doing so may delay the issuance of the Form I-20, and consequently your registration at Bowie State University. **PLEASE SUBMIT THIS FORM WITH YOUR APPLICATION FOR ADMISSION.**

(Section I) - Complete this section in full.

(Last Name/Family Name) (First Name/Given Name) (Middle Name)

(Local U.S. Address – Street, City, State, Zip Code)

(Local U.S. Telephone Number – Including Area Code) (E-mail Address)

(Date of Birth – month/day/year) (Country of Birth) (Country of Citizenship)

(Emergency Contact Locally in U.S.: Name, Relationship, & Phone Number – English Speaking if Possible)

****MAILING ADDRESS IN HOME COUNTRY (REQUIRED INFORMATION – P.O. BOX CAN BE USED****

Gender: Male _____ Female _____ Semester You Wish to Attend: (circle) Fall or Spring year: 20 _____

Academic Level: (circle) Graduate or Undergraduate Academic Major: _____

Please provide the following information if any family (Spouses, Children) will accompany you, or is/are in the United States.
Relationship to F-1 Last Name, First Name Date of Birth Country of Birth Country of Citizenship

Spouse

Child

Child

(Section II) – Complete this section if you are **CURRENTLY** in the United States.

(Admission Number on I-20 or I-94)

(Social Security Number)

(U.S. Driver's License Number)

(U.S. State that Issued Driver's License)

(Name of College or University you are attending, or from which you graduated)

(Dates of Attendance)

Submit a copy of your current I-20 (all pages), I-94 card, visa, and passport ID page, & Employment Card (if applicable).