OFFICE INTERNATIONAL PROGRAMS
ECSU I-20 REQUEST FORM

Please mail this competed form to:

Elizabeth City State University, Office of Admission, 1704 Weeksville Road, Elizabeth City, NC 27909

Name ____________________________________________________________

Family Name (Surname) ____________________________________________
First Name (given) ________________________________________________

Gender: Male □ Female □ Other □

Date of birth _______________ Country of birth ____________________

Country of Citizenship__________________________________________

SEVIS Number (For students currently in the US. Only)

Address: __________________________________________________________________________

Street __________________________________ City ____________________________ State ______ Zip Code in US ______ Country________

Telephone: ________________________ School ID __________________________

Area Code ______________________ phone ____________________________

What is your intended major? ________________________________________

When do you plan to arrive in the US? _________________________________

When do you plan to complete studies? ________________________________

Please check all of the following that apply to you:

☐ I am applying for my first F-1 visa at a U.S. Embassy/Consulate Abroad
☐ I wish to change my status to F-1 (only if you are currently in U.S. in another status.)

Note: You must meet with a member of the Admission Office before your I-20 will be issued.

☐ Transfer from my previous U.S. School (Name of the school) ______________________

☐ Change my educational level/program at ECSU (For current ECSU students only”

☐ Renew my visa ☐ Reinstate my F-1 status ☐ Extend my program

If you wish to bring dependents to the U.S., please complete the following:

Dependant Name ____________________________ Date /County of birth ______________ Relationship __________________________

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