

India

Country:

F-1 I-20 REQUEST FORM FOR APPLICANTS

Please type or print clearly and complete all applicable fields. You must attach to this form all required immigration documents (financial documents, copy of passport, etc.) and submit them with your application to admissions@clevelandstateglobal.org. PURPOSE: Initial I-20 (from Abroad) Transfer from U.S. School Change of Status (Current Status APPLICANT INFORMATION: Please type or print name as it appears on passport. Singh Surname (Last/Family): Simran Given (First) Name(s): E-mail Address: simransingh 1012@outlook.com Gender: Male Female Other 15/03/2003 Date of Birth (DD/MM/YYYY): India Garnala Country of Citizenship: City of Birth: Country of Birth: India Start Term Fall Spring Summer Program: Graduate Direct Intensive English Language Program International Direct UStart Academic Accelerator Program **Business Studies** Intended Major (e.g., Biology, Chemistry, etc.): FOREIGN ADDRESS: Please complete with student or parent's home country address. Please note that the address provided must belong to the student or parent, per SEVP Policy. Street Address: Village: Garnala(44), Near Sarkari School, Ambala Cantt 134003 Province/Territory: Haryana Postal Code: Ambala India Country. MAILING ADDRESS FOR I-20: Please list the address you would like your I-20 mailed to. Please note that the address provided must belong to the student or parent, per SEVP Guidance Village: Garnala(44), Near Sarkari School, Ambala Cantt Postal Code: 134003 Province/Territory: Haryana Ambala

Phone Number for Mailing:

+919812894161

Given Name(s):

Simran

Cleveland State University — F-1 I-20 Request Form for Applicants

OCAL U.S. ADDRESS: Mandatory for I-20 transfer stude	and of individuals currently residing in the Office St	
Street Address:		
City:	State:	Zip Code:
Phone Number:	County:	
DEPENDENTS: Do you have dependents you would like to add to	your I-20? If yes, please complete the information	ation below. Yes No
DEPENDENT INFORMATION:		
Please list all dependents who will be accompany dependent unmarried children under the age of 2 the United States, you must show an additional \$ copy of each passport must also be submitted to Please type or print names as they appear in pass	21 can be claimed as dependents. If your spot 3,500 for your spouse and \$2,000 for the first Cleveland State University for issuance of the	use and/or child(ren) are accompanying you to the child, and \$1,500 for each additional child.
	. DEPENDENT 1	DEPENDENT 2
Relationship	☐ Spouse ☐ Child	☐ Spouse ☐ Child
Surname(s)		
Given Name(s)		
Date of Birth (DD/MM/YYYY)	* _	
Gender		
City of Birth		
Country of Birth		
Country of Citizenship		
Email Address	•	
	DEPENDENT 3	DEPENDENT 4
Relationship	□ Spouse □ Child	☐ Spouse *☐ Child
Surname(s)		•
Given Name(s)		
Date of Birth (DD/MM/YYYY)		
Gender		
City of Birth		
Country of Birth		
Country of Citizenship		

Signature must be handwritten, digital signatures will not be accepted.

Applicant Signature:

Date: