



**CLEVELAND  
STATE  
UNIVERSITY**

## 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](mailto: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.

Surname (Last/Family): LNU

Given (First) Name(s): Jashanpreet Singh

E-mail Address: jashanpreetchd0035@outlook.com

Date of Birth (DD/MM/YYYY): 28-02-2005

Gender: ☒ Male ☐ Female ☐ Other

Country of Birth: India

City of Birth: Aulakh, Punjab

Country of Citizenship: India

Start Term: ☐ Fall ☒ Spring ☐ Summer

Program: ☐ Graduate Direct ☐ Intensive English Language Program ☒ International Direct ☐ UStart ☐ Academic Accelerator Program

Intended Major (e.g., Biology, Chemistry, etc.): Bachelor of Science - Computer Science (Optional Co-op)

**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 Khad Bathlaor PO Tibba Tapprian Tehsil Anandpur Sahib, Ropar

City: Ropar

Province/Territory: Punjab

Postal Code: 140119

Country: India

**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.

Street Address: Village Khad Bathlaor PO Tibba Tapprian Tehsil Anandpur Sahib, Ropar

City: Ropar

Province/Territory: Punjab

Postal Code: 140119

Country: India

Phone Number for Mailing: 7814221104



Surname(s): LNU Given Name(s): Jashanpreet Singh

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

**LOCAL U.S. ADDRESS:** Mandatory for I-20 transfer students or individuals currently residing in the United States.

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 below. ☐ Yes ☒ No

### DEPENDENT INFORMATION:

Please list all dependents who will be accompanying you to live in the United States during your studies. Only your legal spouse and dependent unmarried children under the age of 21 can be claimed as dependents. If your spouse and/or child(ren) are accompanying you to the United States, you must show an additional \$3,500 for your spouse and \$2,000 for the first child, and \$1,500 for each additional child. A copy of each passport must also be submitted to Cleveland State University for issuance of the dependent I-20.

Please type or print names as they appear in passports.

	DEPENDENT 1	DEPENDENT 2
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> 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	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Surname(s)		
Given Name(s)		
Date of Birth (DD/MM/YYYY)		
Gender		
City of Birth		
Country of Birth		
Country of Citizenship		
Email Address		

Applicant Signature: Jashanpreet Singh

Date: 09-11-2023

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