



APPLICATION FOR FORM I-20

	ONAL INFORMATION				
Name	as it appears on passport:		NJIT ID#:		
U.S. ad	ldress: Street:				
City: _		State:	Zip Code: _		
Home	country address: Street:				
City: _		Country:	Zip Code: _		
Email:		@njit.edu Personal email:		<u>.</u>	
Phone	number:	Current immigration status:	F-1 J-1	Other:	
If you	are currently an F-1 visa holde	er, please provide your SEVIS numb	oer: N		
Are yo	ou planning to travel outside th	ne U.S. soon? YES N	0		
If yes,	please provide the travel dates	s so we can advise you:	to		
PURP	OSE OF REQUEST				
	<u> </u>	t and submit the additional docu		 ted:	
	Returning from a Leave of A				
	○ After 1 competer / le		arrangamanto		
	·	ess than 5 months: Proof of travel Proof of relationship, copy of dependent	J		
	Adding (a) dependent(s): P statement and proof of suffic	ess than 5 months: Proof of travel Proof of relationship, copy of dependent	dent's passpor	t, and financial	
_	Adding (a) dependent(s): P statement and proof of suffic	Proof of relationship, copy of dependent funding. See reverse. Ation: Financial statement and prochational Organization: Written of	dent's passpor	t, and financial funding.	
	Adding (a) dependent(s): P statement and proof of suffice Updating financial information Internship with an Internship international organization.	Proof of relationship, copy of dependent funding. See reverse. Ation: Financial statement and prochational Organization: Written of	dent's passpor of of sufficient offer of emplo	t, and financial funding. yment from a	
	Adding (a) dependent(s): P statement and proof of suffice Updating financial information Internship with an Internship international organization.	Proof of relationship, copy of dependent funding. See reverse. Ation: Financial statement and productional Organization: Written of anization. T: (Cannot be processed until new processed)	dent's passpor of of sufficient offer of emplo	t, and financial funding. yment from a	



Office of Global Initiatives APPLICATION FOR FORM I-20

DEPENDENT INFORMATION (Only if you are applying for a dependent's I-20)

Fill out this part if you are applying for a dependent's I-20 for the first time. If you are requesting an I-20 for more than 3 dependents use a separate sheet to provide their information.

							
Last Name							
Given Name							
Date of Birth							
Gender							
Relationship							
Country of Birth							
Is your dependent curre	ently in the U.S.	? Yes No					
If yes, under what visa	status:						
Signature:		Date:					
OFFICE OF GLOBAL INITIATIVES ONLY							
Received on	hv	Banner entered on	hv				