



HORIZON INSTITUTE

www.Huniv.org

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I-20 REQUEST FORM FOR FOREIGN STUDENTS

NAME: _____

Last

First

Middle

DATE OF BIRTH: _____
Month Day Year

GENDER: MALE FEMALE

COUNTRY OF CITIZENSHIP: _____

TELEPHONE: _____

COUNTRY OF BIRTH: _____

E-MAIL: _____

CITY OF BIRTH: _____

EMERGENCY CONTACT: _____

UNITED STATES ADDRESS: _____
(required)

REQUEST TYPE:

INITIAL

HOME COUNTRY ADDRESS: (Required)

INITIAL (COS)

HOME COUNTRY ADDRESS: (Required)

TRANSFER FROM

SCHOOL NAME: (Required)

Address

City

State

Zip

Phone Number

Fax Number

EDUCATION LEVEL:

BACHELOR'S DEGREE IN _____

MASTER'S DEGREE IN _____

APPLYING FOR THE TERM BEGINNING:

WINTER 20__

SPRING 20__

SUMMER 20__

FALL 20__

FINANCIAL INFORMATION:

STUDENT'S PERSONAL FUNDS

FAMILY FUNDS ABROAD

SPONSOR IN U.S.A.

DEPENDENTS FOR F2 VISA:

Last Name	First Name	D.O.B. (M/D/Y)	Gender	Relationship	Country of Birth	Country of Citizenship

Please mail my I-20 by express mail. (Additional \$50 required)

NOTE: Your I-20 form cannot be processed until all documents are completed and an acceptance letter is issued by the Director of Admissions. Please note that it takes at least three (3) working days for I-20 documents.

FOR OFFICE USE ONLY

I-20 REQUESTED _____

I-20 ISSUED _____