



# HAYFIELD UNIVERSITY

## I-20 APPLICATION

### STUDENT INFORMATION

(PLEASE PRINT INFORMATION AS LISTED PASSPORT)

<b>Last Name :</b> _____	<b>Date of Birth :</b> _____ / _____ / _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>First Name :</b> _____	<b>Country of Birth :</b> _____	
<b>Middle Name :</b> _____	<b>Home Country :</b> _____	
	<b>Country of Citizenship :</b> _____	
<b>Address Street :</b> _____	<b>City :</b> _____	
<b>In Home Country :</b> State/Province : _____	<b>Postal Code :</b> _____	<b>Country :</b> _____
<b>Local Address Street :</b> _____	<b>City :</b> _____	
<b>(In US) State/Province :</b> _____	<b>Postal Code :</b> _____	<b>Country :</b> _____
<b>E-mail :</b> _____	<b>Telephone :</b> _____	

**Apply for :** Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Winter 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

**You are applying as :**

New Student  Transfer Student

**Program of Study / Major :**

**Previous College or University :**

**Transfer Student use only**

**Category ( ) Transfer in ( ) Transfer out**

**School Name:** \_\_\_\_\_

**I-20 Contact Name:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

## VISA INFORMATION

Are you currently in the United States? If yes, what type visa do you have?

\*If you have an F-1 visa, attach copies of ALL I-20's from each school attended and your I-94, passport and F-1 visa.

Will you go to your home country to apply for the F-1 visa?

Delivery of I-20:

- Mail to home country address
- Mail to the following representative
- Following representative will pick up Form I-20

I \_\_\_\_\_, hereby authorize the following representative to receive or collect my Form I-20.

Signature Required : \_\_\_\_\_ Date : \_\_\_\_\_

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_

Address : \_\_\_\_\_

Relationship : \_\_\_\_\_ Telephone Number : \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

(PLEASE PRINT, CONTACT SHOULD BE A PERSON WHO CAN BE CONTACT IN THE USA)

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_

Address : \_\_\_\_\_

Relationship : \_\_\_\_\_ Telephone Number : \_\_\_\_\_

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT.

I UNDERSTAND THAT CANCELLATION OF MY APPLICATION MAY RESULT IF ANY INFORMATION IS FOUND TO BE INCOMPLETE OR INACCURATE.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

(2 page)

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