SEVIS UPDATE FOR NEW I-20

**** Please Print ****

NAME: _____ **STUDENT ID #** _____
LAST FIRST MIDDLE

DATE OF BIRTH: ____/____/____ **GENDER:** ☐ **MALE** ☐ **FEMALE**
MM DD YY

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

SEVIS ID # (I-20): _____ **ADMISSIONS # (I-94):** _____

MAJOR: _____ **SOCIAL SECURITY NUMBER:** ____-____-____

DRIVERS LICENSE #: _____ **EXPIRATION:** _____ **STATE:** _____

EMAIL ADDRESS: _____

FOREIGN ADDRESS: (NO PO BOXES)

_____
STREET # **STREET NAME** **APT #**

_____
CITY **POSTAL CODE** **PROVIDENCE** **COUNTRY**

US ADDRESS: (NO PO BOXES)

_____
STREET # **STREET NAME** **APT #**

_____
CITY **STATE** **POSTAL CODE**

HOME TELEPHONE # ( ) _____ **CELL PHONE # ( )** _____

CERTIFICATION – TO BE READ AND SIGNED BY APPLICANT

I declare under penalty of perjury that all information on this form is correct. I understand that falsification or withholding information requested on this form shall constitute grounds of dismissal.

_____ _____
SIGNATURE OF APPLICANT **DATE**

OFFICE USE ONLY

ISSUE REASON:

☐ **INITIAL ATTENDANCE**

☐ **CONTINUED ATTENDANCE**
CURRENT SESSION END DATE: _____ **NEXT SESSION START DATE:** _____

☐ **SCHOOL TRANSFER** **TRANSFER FROM SCHOOL:** _____

☐ **OTHER** **REASON:** _____

NEW I-20: ☐ **PICK UP DATE** _____
☐ **MAIL TO US ADDRESS**
☐ **MAIL TO FOREIGN ADDRESS**