

I-20 REQUEST FORM



If you will need a Form I-20 from Life University, please fill out this form and return to the Office of International Student Services. A Form I-20 cannot be issued to you until your financial statement has been approved. English proficiency established (if required) and acceptance into Life University has been granted.

Miss Mrs. Mr.

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Country of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Will a spouse and/or child be included on your I-20 as dependents? Yes No

If yes, please provide the following information for each:

Relationship to you (i.e. wife, husband, son, daughter) _____

Name _____

Date of Birth _____ Country of Birth _____

Relationship to you (i.e. wife, husband, son, daughter) _____

Name _____

Date of Birth _____ Country of Birth _____

Are you transferring from a United States high school or university? Yes No

Your program of study:

Pre-Professional Program (Chiropractic, Undergraduate Program)

Doctor of Chiropractic

Masters

Undergraduate Your major _____

Signature _____ Date _____