

# 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 \_\_\_\_\_