



VIRGINIA STATE UNIVERSITY
Dr. George H. Bennett Office for International Education
Post Office Box 9086
Petersburg, Virginia 23806

To be completed by all applicants for the purpose of generating a Form I-20.

Name: _____
Exactly as it appears in passport (Last/ Family Name/ Surname) (First/ Given Name)

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Date of Birth: (mm/dd/yy) _____ Gender: ☐ MALE ☐ FEMALE

Education level to be pursued at VSU: ☐ ASSOCIATE'S ☐ BACHELOR'S
☐ MASTER'S ☐ DOCTORATE

Major to be pursued at VSU: _____

Visa status you are seeking: ☐ F-1 ☐ Other _____ Visa status if currently in United States

Do you need to apply for a change of visa status? If yes, please print visa types below:
I plan to apply for a change of visa status from _____ to _____ ☐ within the U.S. ☐ in my home country.

Have you previously attended Virginia State University? ☐ YES ☐ NO If yes, when? _____

If you already reside in the United States, please print your date of entry: _____

Have you attended another academic program in F-1 status **during the five months preceding** your desired start date at Virginia State University? ☐ YES ☐ NO

If YES, have your former school submit "Transfer-In Form" to VSU and complete the following:

Current SEVIS ID _____ Name of school _____

Designated School Official Name & Phone Number: _____

Did you complete the program at your former school? ☐ YES ☐ NO

Are you currently living outside the United States? ☐ YES ☐ NO

Are you currently engaged in optional practical training? ☐ YES ☐ NO If yes, please give dates:

! Email Address: _____

Telephone number(s): _____

! Permanent Address Outside U.S. (Department of Homeland Security and SEVIS require a foreign (non-U.S.) permanent address for the issuance of I-20s. P.O. boxes are not acceptable.) _____

! Address to which you would like I-20 mailed (if different from above): _____

U.S. Address (if any): _____

Financial Support

☐ ☐ I will be providing personal funds for all or part of my education at Virginia State University. (Complete the section below and submit original bank statement or certified statement from the officer of the bank.)

Amount of support from personal funds: \$ _____

☐ ☐ Financial support will come from an individual sponsor, government sponsor, scholarship, assistantship, fellowship, or other type of support. (Submit original bank statements and Affidavits of Support, government sponsorship letter, scholarship/assistantship award letter, and/or other proof.)

Housing Information:

☐ ☐ I plan to obtain on-campus housing. I will pay the \$300.00 deposit before the deadline.

☐ ☐ The housing deposit deadline has passed but I would like to obtain on-campus housing. I will pay the \$300 deposit after the deadline and contact the Office of Residential Life to see if space is available. I am aware that on-campus housing is limited and I cannot be guaranteed a room in a residence hall. I have alternative plans should I need to find a room or apartment off-campus.

☐ ☐ I have plans to live off-campus.

Dependent Information:

☐ ☐ I have dependents who will accompany me to the United States (e.g. spouse/ children under the age of 21).

Please complete for each dependent:

Name: _____

Relationship: _____ Date of Birth: _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Name: _____

Relationship: _____ Date of Birth: _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

☐ ☐ Check here if you have more than two dependents and provide information on an additional sheet of paper.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I understand that if my sponsors fail to provide the funds indicated on the affidavit of support, the University is under no obligation to support me and it is likely that I will be unable to continue my education at Virginia State University.

Student's Signature _____ Date: _____

Printed Name: _____