

MICHIGAN SCHOOL OF PROFESSIONAL PSYCHOLOGY

INITIAL I-20 REQUEST FORM

LAST NAME _____ FIRST NAME _____

ADDRESS: _____

USA ADDRESS: (if applicable) _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

BIRTHDATE: _____ COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

TYPE OF VISA: _____ ADMISSION NUMBER (I-94 NUMBER): _____

EXPIRATION OF PASSPORT: _____ ISSUING COUNTRY: _____

DO YOU HAVE ANY DEPENDENTS THAT YOU WANT INCLUDED ON THIS I-20: [] YES [] NO

IF YES, PLEASE COMPLETE THE ATTACHED FORM WITH DEPENDENT INFORMATION.

BEGINNING FALL SEMESTER: _____

LEVEL OF STUDY: _____ MASTER _____ DOCTORAL

FINANCIAL SOURCE: _____ SELF _____ AMOUNT

_____ SPONSOR(S) _____ AMOUNT

Signature

Date

RETURN THIS FORM TO THE MiSPP REGISTRAR. YOU MUST ALSO SUBMIT A COPY OF YOUR VISA, PASSPORT, I-94 FRONT AND BACK, ALL PREVIOUS I-20S AND A COPY OF EMPLOYMENT AUTHORIZATION DOCUMENT IF ANY.