



I-20 International Application Form

University of Riverside
11840 Pierce Street, Ste 200
Riverside CA 92505
951-637-0100 T
951-637-0400 F
www.uofriverside.com

Return this application with a non-refundable application fee of \$250.00 USD payable to University of Riverside.

* Required

*Mr. Ms. Mrs. (*circle one*)

Student ID# _____

*Last Name/Family Name: _____ *First Name: _____

*Middle Name: _____ *Date of Birth: _____ / _____ / _____ *Gender: Male Female
Month Day Year

*Country of Birth: _____ *Country of Citizenship: _____

Admission No.: _____ Driver's License No.: _____ License Issuing State: _____

Social Security No.: _____ - _____ - _____ Individual Tax Payer ID: _____

*Foreign Address: _____
Street City

_____ State Zip County

Current Address: _____
Street City

_____ State Zip County

For Internal Use

Financial Information:

Number of Months: _____

Student Personal Funds: _____

Tuition Fees: _____

Funds From This School: _____

Dependent Expenses: _____

School Fund Type: _____

Other Costs: _____

Funds From Other Source: _____

Other Cost Comments: _____

Source Type: _____

Total Expenses: _____

Total Funding: _____

*Required as applicable

Travel Information:

- | | |
|--|--|
| <input type="checkbox"/> *Passport No.: _____ | <input type="checkbox"/> *Visa No.: _____ |
| <input type="checkbox"/> *Visa Issue Date: _____ | <input type="checkbox"/> *Visa Issue Post: _____ |
| <input type="checkbox"/> *Port of Entry: _____ | <input type="checkbox"/> *Date of Entry: _____ |
| <input type="checkbox"/> *Port of Departure: _____ | <input type="checkbox"/> *Date of Departure: _____ |
| <input type="checkbox"/> I-94/Admission No.: _____ | |

For Internal Use

Program Information:

- | | |
|---|--|
| <input type="checkbox"/> Status: _____ | <input type="checkbox"/> Visa Type: _____ |
| <input type="checkbox"/> School Name: _____ | <input type="checkbox"/> School Code: _____ |
| <input type="checkbox"/> Campus Name: _____ | <input type="checkbox"/> I-20 Issue Reason _____ |
| <input type="checkbox"/> Educational Level: _____ | <input type="checkbox"/> Major: _____ |
| <input type="checkbox"/> Secondary Major: _____ | <input type="checkbox"/> Minor: _____ |
| <input type="checkbox"/> Program Start Date: _____ | <input type="checkbox"/> Program End Date: _____ |
| <input type="checkbox"/> Normal Length of Study: _____ | <input type="checkbox"/> Current Session End Date: _____ |
| <input type="checkbox"/> Next Session Start Date: _____ | <input type="checkbox"/> Requires English Proficiency: <i>(check one box)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Student has English Proficiency: <i>(check one box)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | |

I-901 SEVIS Fee Payment Information

- | | |
|--|--|
| <input type="checkbox"/> Transaction Type: _____ | <input type="checkbox"/> Transaction Date: _____ |
| <input type="checkbox"/> Transaction Amount: _____ | <input type="checkbox"/> Fee Payment/Cancellation Receipt No.: _____ |