

# LIFEUNIVERSITY

555 W. REDONDO BEACH BLVD.  
GARDENA, CA 90248  
(310) 756-0001  
LIFEUNIVERSITYUS.ORG

# STUDENT I-20 APPLICATION

OFFICE USE ONLY

## STUDENT INFORMATION

Student Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  Male  Female

- New Student
- Transferring
- Change to F-1 Status

Program/Degree Title: \_\_\_\_\_ Quarter/Year: \_\_\_\_\_

## FOREIGN ADDRESS

Address: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

## U.S. ADDRESS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

## FUNDING (U.S. DOLLARS)

Amount of Available Personal Funds: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type: \_\_\_\_\_

Amount of Available Other Funds: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type: \_\_\_\_\_

## DEPENDENT INFORMATION

Dependent #1 Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Male  Female

Spouse  Child

Dependent #2 Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Male  Female

Spouse  Child

Dependent #3 Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Male  Female

Spouse  Child

## OTHER REMARKS

---

---

---

## STUDENT CERTIFICATION

*I agree to comply with all terms and conditions and those of any extension of stay as specified on the official I-20 form. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter and remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at Life University. I also authorize Life University to release any information from my records which is needed by the U.S. Citizenship and Immigration Services to determine my nonimmigrant visa status. I understand that I may be permanently dismissed from Life University should any information be knowingly submitted falsely. I also understand that this I-20 application does not constitute a guarantee of an approval status for any official applications submitted to the U.S. Citizenship and Immigration Services (USCIS) and U.S. Consulate General.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_