

San Diego Branch Campus

CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

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I-20 REQUEST FORM FOR FOREIGN STUDENTS

NAME	Last		First		Middle		
DATE OF BIRTH	Month	Day Year	GENDER	MALE	FEMALE		
COUNTRY OF BIRTH			COUNTR	Y OF CITIZ	ENSHIP		
FOREIGN ADDRESS	Building No.:		Apt	Apt. No.:			
	Street:						
	City: State/ Province:						
	Zip Code: Country:						
U.S. ADDRESS	Building No.: Apt. No.:						
c.s.ribbitass	Street:						
	City: State/ Province:						
	Zip Code: Country:						
TO ANGEED EDOM							
TRANSFER FROM	School Name				Fax Number		
	Address				Phone Number	Name of DS	
EDUCATION LEVEL	ASSOCIA	ATE'S DEGREE —					
AT CALUMS	BACHELOR'S DEGREE IN						
	MASTER'	S DEGREE IN					
	ESL/ OTH	HER					
APPLYING FOR THE	E TERM BEGIN	NING					
WINTER 20	SPRING 20	SUM	MER 20	FA	LL 20		
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DEPENDENTS FOR F LAST NAME	FIRST NAME	DATE OF BIRTH (M/D/Y)	GENDER	RELATION- SHIP	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	
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					FOR OFFICE USE	ONLY	