



# Application for SEVIS I-20

2500 E. Nutwood Ave.  
Fullerton, CA 92831 USA  
(714) 879-3901  
FAX (714) 681-7224  
Email: [immigration@hiu.edu](mailto:immigration@hiu.edu)

Please print using capital letters.

1. Legal Name: \_\_\_\_\_  
Family/Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
2. Foreign Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_
3. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year
4. Gender (circle one): Male Female
5. Country of birth: \_\_\_\_\_
6. City of birth: \_\_\_\_\_
7. Country of citizenship: \_\_\_\_\_
8. Program of study: \_\_\_\_\_
9. If you are currently in the USA, indicate your status (tourist, student, exchange visitor): \_\_\_\_\_ (Attach a copy of your I-20, I-94, and passport).
10. Fill out other side of this form if dependents will be accompanying you.

**For J Visas only (#11 & #12):**

11. Current Employer/School: \_\_\_\_\_
12. Job Title: \_\_\_\_\_
13. *Hope reserves the right to require one full year of tuition before issuing an I-20. At a minimum, as part of funding verification we require an initial deposit of 50% of a full year's tuition for the program being applied to. The deposit and advance payment of tuition will remain on the student account until the student arrives at Hope, and will be used to pay tuition for the first year. The deposit will be refunded in full, minus wire fees, if the student is not issued a visa. If the student is unable to attend, the money will be refunded after the arrival date on the I-20 has passed AND the I-20 has been returned to Hope.*
14. Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

*If you have any questions, please do not hesitate to contact International Student Programs  
at 714-879-3901, extension 1618 or [immigration@hiu.edu](mailto:immigration@hiu.edu)*

**Return completed application to Hope International University, Attn: International Student Programs  
2500 E. Nutwood Ave., Fullerton, CA 92831 US**

List of dependents:

Last Name	First Name	Middle Name	Date of Birth MM/DD/YY	Country of Birth	City of Birth	Country of Citizenship	Gender: Male/Female	Relationship: Child/Spouse