



COLUMBIA COLLEGE

Tysons Campus
8620 Westwood Center Dr.
Vienna, VA 22182

Centreville Extension
5940 Centreville Crest Ln.
Centreville, VA 20121

Silver Spring Extension
12125 Veirs Mill Rd.
Silver Spring, MD 20906

I-20 REQUEST FORM

Name: _____
Family Name
First Name
Middle Initial

Date of Birth: ____/____/____ (Month/Day/Year)

Country of Birth: _____

Country of Citizenship: _____

E-mail Address: _____

Telephone Number: _____

Current Address: _____

Emergency Contacts:

We hope that an emergency never happens, but we need to be prepared. Please provide the name and phone number of an individual(s) who we can contact if necessary. This information will be confidential and will only be used for an emergency.

In the United States:

Name	
Telephone Number	
Relationship	

Outside the U.S.:

Name	
Telephone Number	
Relationship	

MINIMUM STUDY REQUIREMENT

F-1 students who enter the U.S with the Initial Columbia College's I-20 must enroll for a minimum of three consecutive sessions. Transfer students must enroll for a minimum of two consecutive sessions.

I am requesting that the International Student Office at Columbia College issue an I-20 form. I certify that all the information included with this request is true to the best of my knowledge.

Signature: _____ Date: _____