

## I-20 REQUEST FORM

Name:			
First Name		Middle Name	Last Name
Date of Birth:	/ /	(Month/Day/Year)	
Country of Birth:		Country of Citizenship	p:
E-mail Address:			<u></u>
changes in U.S. government regu	ulations. That informa	al Student Office will keep you updated aboution will be sent out by e-mail.  know when you have an address.	out special events and activities as well as
Telephone Number: _			
Current Address:			
Emergency Contacts:			
We hope that an emergency never		ed to be prepared. Please provide the name a confidential and will only be used for an eme	
[In the United States]	Name		
	Telephone Nu	mber	
	Relationship		
[Outside the U.S.]	Name		
	Telephone Nu	mber	
	Relationship		
MINIMUM STUDY RI	EOUIREMENT		
F-1 students who enter the	he U.S with the	Initial Columbia College's I-20 must enroll for a minimum of two	nust enroll for a minimum of two consecutive sessions.
		ndent Office at Columbia College quest is true to the best of my known	
SIGNATURE:		DATE	