



COLUMBIA COLLEGE

Tyson's Campus
8620 Westwood Center Dr.
Vienna, VA 22182
TEL. 703-206-0508

Centreville Extension
5940 Centreville Crest Ln.
Centreville, VA 20121
TEL. 703-266-0508

Silver Spring Extension
12125 Veirs Mill Rd.
Silver Spring, MD 20906
TEL. 301-929-0565

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: _____

Please check your e-mail regularly. The International Student Office will keep you updated about special events and activities as well as changes in U.S. government regulations. That information will be sent out by e-mail.
 If you don't have an e-mail address now, please let us know when you have an 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: _____