



HORIZON INSTITUTE

www.Huniv.org

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I-20 REQUEST FORM FOR FOREIGN STUDENTS

NAME: _____
Last First Middle

DATE OF BIRTH: _____ **GENDER:** MALE FEMALE
Month Day Year

COUNTRY OF BIRTH: _____ **TELEPHONE:** _____

DRIVER'S LICENSE#: _____ **E-MAIL:** _____
(if available)

SOCIAL SECURITY#: _____ **EMERGENCY CONTACT:** _____
(if available)

UNITED STATES ADDRESS: _____
(required)

REQUEST TYPE:

INITIAL

HOME COUNTRY ADDRESS: (Required)

INITIAL (COS)

HOME COUNTRY ADDRESS: (Required)

TRANSFER FROM **SCHOOL NAME:** (Required) _____

Address City State Zip

Phone Number Fax Number

EDUCATION LEVEL:

BACHELOR'S DEGREE IN _____

MASTER'S DEGREE IN _____

DOCTOR'S DEGREE IN _____

APPLYING FOR THE TERM BEGINNING:

WINTER 20__ SPRING 20__ SUMMER 20__ FALL 20__

FINANCIAL INFORMATION:

STUDENT'S PERSONAL FUNDS FAMILY FUNDS ABROAD SPONSOR IN U.S.A.

DEPENDENTS FOR F2 VISA:

| Last Name | First Name | D.O.B. (M/D/Y) | Gender | Relationship | Country of Birth | Country of Citizenship |
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Please mail my I-20 by express mail. (Additional \$50 required)
NOTE: Your I-20 form cannot be processed until all documents are completed and an acceptance letter is issued by the Director of Admissions. Please note that it takes at least three (3) working days for I-20 documents.

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|----------------------------|-------|
| FOR OFFICE USE ONLY | |
| I-20 REQUESTED | _____ |
| I-20 ISSUED | _____ |