

**INFORMATION FOR I-20 or DS 2019 (previously IAP-66)**

St. Cloud State University  
Center for International Studies

Name should appear exactly as in your passport

Family Name:	Male: _____ Female: _____
Given Name: First: _____ Middle: _____	Date of Birth: day/mo/yr
City and Country of Birth:	SEVIS number
Country of Citizenship:	U.S. Social Security # (optional):
Most recent Occupation/Job in Home Country:	Semester Beginning SCSU:

*Check one category in each section: A, B, C, and D:*

**A. I am applying to be admitted to the following program:**

- \_\_\_ Bachelor's in \_\_\_\_\_
- \_\_\_ Master's in \_\_\_\_\_
- \_\_\_ Intensive English Center
- \_\_\_ University Exchange (specify) \_\_\_\_\_
- \_\_\_ Other (specify) \_\_\_\_\_

**B. I will come to SCSU:**

- \_\_\_ from outside the U.S.A.
- \_\_\_ from within the U.S.A.

Please attach photocopies of the following:  
(Visa, I-94 and I-20 or DS 2019)

- Return this form to:  
St. Cloud State University  
Center for International Studies  
720 Fourth Avenue South  
St. Cloud, MN 56301-4498 USA
- Or, fax to: 320/255-4223

**C. Document to be issued by SCSU I-20 or DS 2019:**

- My primary source of funding is:
- \_\_\_ Personal or family sponsorship  
(attach certified bank statement)
  - \_\_\_ Home government sponsorship  
(attach official letter of confirmation from government)

\_\_\_ SCSU graduate assistantship  
(attach letter of confirmation from SCSU department)

\_\_\_ I am on a university-to-university exchange program. Specify source of funding and submit official documents as proof \_\_\_\_\_

\_\_\_ Other. Please, specify \_\_\_\_\_

**I do not need an SCSU document, because:**

- \_\_\_ My sponsoring agency will issue it.
- \_\_\_ I will remain on my \_\_\_ visa.

**Attach photocopies of your visa and I-94**

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**D. Marital and dependent status:**

- \_\_\_ I am not married.
- \_\_\_ I am married but plan to come alone.  
*If your spouse will be in the U.S.A. but NOT with you at SCSU, please indicate name, city, state, and visa type.* \_\_\_\_\_
- \_\_\_ I am married, and the following dependents will come with me (submit photocopies of all dependent visa, I-94 and valid immigration documents):

Print or type name of dependent exactly as it appears in the passport:

NAME: FAMILY, FIRST	RELATIONSHIP	BIRTHDATE (dy/mo/yr)	BIRTH COUNTRY	CITIZENSHIP

*I certify that all the information provided on this form is correct and complete. I will notify the Center for International Studies of any changes, or of any plans not to attend SCSU.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_