

Initial I-20 Request Form

Thank you for choosing Washington Adventist University as the next step in your education journey. This form is for International Students and International Citizens who have been Accepted to Washington Adventist University and are **requesting an I-20** to become **F-1 student visa status**. Please complete the below form, attach any supporting documents and send them to internationaladmissions@wau.edu

Your Information:

WAU ID Number: _____

Name: _____
(Name as it appears on your passport or other travel documents: First/Given, Middle [if applicable], and Last)

Physical Address Home Country: _____
(including any postal codes)

Date of Birth: _____ City of Birth: _____ Country of Birth: _____
(mm/dd/yyyy format)

Country of Citizenship: _____ International phone number: _____

Personal Email Address: _____

Visa Status:

Where are you applying from: _____ Outside the U.S. _____ Inside the U.S.

Your Current U.S. Visa Status:

Other _____

☐ I have never held any U.S. visa status

☐ I have an expired U.S. Visa with the status of _____ Status Expiration Date: _____
(If you had an ESTA please include it above)

Most Recent Date of Arrival/Entry to the U.S. from I-94: _____

I-20 Processing

☐ I will be scheduling an appointment at a U.S. Embassy or Consulate outside the U.S. to obtain an F-1 visa

☐ I will be filing for a Change of Status (Form I-539) with U.S. Citizenship and Immigration Services (USCIS) to obtain F-1 status.

Dependents (F-2)

Will you have any dependents (spouse or children) who will be joining you in the U.S.?

YES _____ NO _____ If YES, How Many? _____ (If you will have dependents please complete the Dependent [F-2] Form)

Application Attestation:
I attest that the information for myself and any dependent included on this application are correct and up to date to the best of my knowledge and ability. I understand that providing false or incorrect information on this application may result in the denial of my request.

Signature _____

Date _____

For Designated School Official Use Only:

Assigned DSO Initials: _____ Admit Term: _____ Date Received: _____

Standard Initial		Financials Received		Dependents	
SEVIS Transfer		Language Proficiency		Spouse	
COS		Transcripts		Child	
		Deposit			

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