



I-20 Request Form

If you will need a Form 1-20 from Sherman College of Chiropractic, please fill out this form and return to the Kendra Strange, AVP for Enrollment Services and International Student Advisor at kstrange@sherman.edu along with a copy of your passport AND the bio page from your passport. A Form I-20 cannot be issued until your financial statement has been approved and acceptance into Sherman College has been granted.

Family Name (Surname) _____ First Name (Given Name) _____

Date of Birth (mm/dd/year) _____ Gender: ☐ Male ☐ Female ☐ Other

Country of Birth _____ City of Birth _____

Country of Citizenship _____ Country of Current Residence _____

Mailing Address _____

City _____ State _____ Country _____

Postal Code _____

Will a spouse and/or dependent be included on your I-20 as dependents? ☐ Yes ☐ No

If yes, please provide the following information for each:

Full Name _____

Relationship to you (i.e., spouse, son, daughter): _____

Country of Birth _____ City of Birth _____

Country of Citizenship _____ Country of Current Residence _____

Date of Birth (mm/dd/year) _____

Full Name _____

Relationship to you (i.e., spouse, son, daughter): _____

Country of Birth _____ City of Birth _____

Country of Citizenship _____ Country of Current Residence _____

Date of Birth (mm/dd/year) _____

Are you transferring from another U.S. college or university? ☐ Yes ☐ No

If yes, do you currently hold a current F-1 status? ☐ Yes ☐ No

Have you ever been issued any other type of U.S. visa? ____Yes ____No

If yes, please list the type of visa _____

If yes, is the status of that visa, current or expired? _____

Signature_____ **Date**_____