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 International Student Advisor in Student Affairs (lhuttoharris@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.

___Miss ___Mrs ___Mr

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

Date of Birth (mm/dd/year) _____

Country of Birth _____Country of Citizenship _____

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. wife, husband, son, daughter) _____

Country of Birth _____Country of Citizenship _____

Date of Birth (mm/dd/year)_____

Full Name _____

Relationship to you (i.e. wife, husband, son, daughter) _____

Country of Birth _____Country of Citizenship _____

Date of Birth (mm/dd/year)_____

Are you transferring from a United States university? ___Yes ___No

Have you ever been issued a U.S visa? ___Yes ___No

If yes, what type of visa and is it current or expired_____

Your program of study (circle one):

Undergraduate Doctor of Chiropractic Masters

Your major_____

Signature_____**Date**_____