SEVIS UPDATE FOR NEW I-20 ** Please Print ** STUDENT ID # NAME: DATE OF BIRTH: **GENDER:** □MALE □ FEMALE COUNTRY OF CITIZENSHIP: _____ **COUNTRY OF BIRTH:** SEVIS ID # (I-20): **ADMISSIONS # (I-94):** _____ SOCIAL SECURITY NUMBER: - -MAJOR: DRIVERS LICENSE #: EXPIRATION: _____ STATE: ____ EMAIL ADDRESS: FOREIGN ADDRESS: (NO PO BOXES) STREET # STREET NAME APT# CITY POSTAL CODE **PROVIDENCE** COUNTRY US ADDRESS: (NO PO BOXES) STREET # STREET NAME APT# STATE CITY POSTAL CODE HOME TELEPHONE # () _____ CELL PHONE # () CERTIFICATION – TO BE READ AND SIGNED BY APPLICANT I declare under penalty of perjury that all information on this form is correct. I understand that falsification or withholding information requested on this form shall constitute grounds of dismissal. SIGNATURE OF APPLICANT **DATE** OFFICE USE ONLY **ISSUE REASON:** INITIAL ATTENDANCE CONTINUED ATTENDANCE CURRENT SESSION END DATE:

NEXT SESSION START DATE: SCHOOL TRANSFER TRANSFER FROM SCHOOL: **OTHER** REASON:

NEW I-20:

PICK UP DATE_

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