

# JBC LANGUAGE

185 Bridge Plaza North Suite 301 Fort Lee, NJ 07024 Phone: 201-941-7904 Fax: 201-425-4687

## REQUEST FOR INFORMATION ON I-20 (F-1 VISA) FORM APPLICATION

1. Name: \_\_\_\_\_  
(first) (last) (middle)
2. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)
3. Country of Birth: \_\_\_\_\_ Gender: F / M
4. Citizenship of country: \_\_\_\_\_ Email address: \_\_\_\_\_
5. Permanent home address in your country: \_\_\_\_\_  
\_\_\_\_\_
6. Telephone number in your country: \_\_\_\_\_
7. Fax number in your country: \_\_\_\_\_
8. U.S Address (if known): \_\_\_\_\_  
\_\_\_\_\_
9. Telephone number in U.S: \_\_\_\_\_
10. Desired date for beginning of studies: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)
11. Are you currently on an F-1 visa from another educational institute? Yes  No
12. If yes, attach copy of most recent Form I-20; complete and return enclosed TRANSFER STUDENT FORM.
13. Are you currently in the U.S with another type of non-immigrant status (e.g., B-1, B-2, J-1, etc.)? Yes  No   
If yes, present non-immigrant status is (visa type) \_\_\_\_\_
14. Date of authorized stay expires: \_\_\_\_\_ (attach a copy of both sides of your INS form I-94).

I hereby apply for acceptance as a student by **JBC Language**.

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