



INTERNATIONAL PROGRAMS

Reason for Application
<input type="checkbox"/> Initial Attendance
<input type="checkbox"/> Transfer from Other School
<input type="checkbox"/> Extension of I-20
<input type="checkbox"/> Change of Status
<input type="checkbox"/> Reinstatement

Student ID: _____

SEVIS ID: _____

Clark Atlanta University I-20 Application

Please type or print clearly in black or blue ink. Only completed applications will be processed.

1. PERSONAL INFORMATION

Student name as it appears on passport.

Family Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Place of Birth: _____ Country of Citizenship: _____ Sex: Male Female
Month Day Year City and Country

Current Mailing Address: _____
(If in the U.S. must provide street address. No Post Office Box allowed) Apt No. _____

City State Postal Code Country

U.S. Telephone Number: _____ Personal Email Address: _____
(Area Code) Number

Permanent Address in Home Country: _____
Street Name Building/Apt/Unit No City

State/Province Zip Code/Postal Code Country Telephone Number: _____
Country Code/City Code/No.

2. EMERGENCY CONTACT INFORMATION

Contact Person in the United States: _____ Relationship to You: _____

Emergency Contact E-mail: _____ Telephone Number: _____

Contact Person in Home Country: _____ Relationship to You: _____

Emergency Contact E-mail: _____ Telephone Number: _____
Country Code/City Code/Number

3. DEPENDENT INFORMATION

Will a Spouse or Children be with you? (Please Check One) Yes No If yes, please list: (use back of page if additional space is needed)

Family Name First Name Relationship Date of Birth Country of Citizenship Country of Birth

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4. F-1 VISA HOLDERS IN THE U.S.

If you are in the U.S. as an F-1 Visa holder and wish to transfer to the Clark Atlanta University, please complete the following section:

Last School Attended in U.S.: _____

School Phone #: _____ Last Day of Study: ____/____/____

Visa Issue Date: ____/____/____ Visa Expiration Date: ____/____/____

Passport #: _____ Passport Expiration Date: ____/____/____

SEVIS ID #: _____ I-94 #: _____

Dates of Practical Training (if any): from ____/____/____ to ____/____/____

5. FIELD OF STUDY

Please complete the following section.

Level of Study (check one): Undergraduate Graduate

Major(s): _____

Graduate Students Only:

Please Check Appropriate Starting Term:

Fall Spring Summer Indicate Entry Year _____ YYYY

Undergraduate Students Only:

Please Check Appropriate Starting Semester:

Fall Spring Indicate Entry Year _____ YYYY

6. SPONSOR AFFIDAVIT OF SUPPORT AND BANK STATEMENTS

All financial documents (Sponsor Affidavits and Bank Statements) **must be dated within the last three (3) months.** Scanned email copies are acceptable for initial processing of the I-20. Original documents must be presented to the Office of International Programs before the start of classes for your entering term/semester. **Be aware that if you are applying for an F visa from your home country, you may also be required to present the original Bank Statement and Sponsor Affidavit to the Embassy.**

B. SPONSOR AFFIDAVIT OF SUPPORT - Please obtain the signature of your sponsor. Remember, you can be your own sponsor.

Name of sponsor as indicated on bank statement (if you are sponsoring yourself - write your name): _____

Relationship to student (example: family member, friend, self): _____

I, _____ guarantee that funds in the amount of \$ _____

Sponsor Name

yearly will be available for _____ for the duration of her/his studies.

Name of Sponsor: _____ **Sponsor Signature:** _____ **Date:** ____/____/____

Please include Bank Statement with this application. Make sure that the Bank Statement is not older than three (3) months. All statements must be on bank letterhead, be dated, include the name of the account holder and the amount in the account. Account balance can be in your home country's currency.

7. SUPPLEMENTAL DOCUMENTS

Your I-20 Application cannot be processed until ALL items in the checklist below have been received in completed form.

Transfer Students – If you are in the United States attending another school, please provide the following documents:

- Completed I-20 Application Form - Be sure to complete both pages and all applicable sections of this application)
- Bank Statement dated within the last three (3) months. Statement must be yours or that of your sponsor.
- Signed Sponsor Affidavit
- Photocopy of the biographic page of your passport (passport picture page)
- Photocopy of your F-1 Visa
- Copy of your I-94 Record. You can access your I-94 record at <https://i94.cbp.dhs.gov/i94>
- Copies of all your previous I-20 documents
- Completed Transfer Form signed by the school you last attended – School Code for CAU: ATL214F00312000

Initial Students– If you are applying for an I-20 from your home country, please provide the following documents:

- Completed I-20 Application Form - Be sure to complete both pages and all applicable sections of this application)
- Bank Statement current within the last three (3) months. Statement must be yours or that of your sponsor.
- Signed Sponsor Affidavit
- Photocopy of the biographic page of your passport (passport picture page)

TO APPLY: Scan and email your documents to international@cau.edu.

Emailed documents will be accepted for review and I-20 generation. Originals must be submitted prior to start of academic term.

8. STUDENT DECLARATION STATEMENT – Please read carefully before signing.

I fully understand that as an international student I must enroll in nine credits (9) per semester for graduate level programs and twelve (12) credits for undergraduate level programs. I will make normal and timely progress towards the completion of my degree as indicated by the length of my I-20. I further understand that failure to comply with all F-1 visa regulations, the academic requirements, and the Clark Atlanta University academic and student conduct policies can result in the termination of my visa status. I further certify that all documents provided by me are true and correct and that all information provided in this application is accurate and complete and I accept the conditions put forth above.

Applicant Name

Applicant Signature

____/____/____
DD MM YYYY