

I-20 / DS-2019 REQUEST FORM

UNIVERSITY OF HARTFORD

The information requested is required by the International Center to issue an I-20 or DS-2019 Form to a prospective International Student or Scholar for an F-1 or J-1 visa to participate in a degree program at the University of Hartford.

FOR STUDENT Please furnish ALL the information requested accurately as it will be used to create your government documents (SEVIS record):

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ City of Birth: _____ Gender:

Country of Birth: _____ Country of Citizenship: _____

Permanent (Foreign) Address (P.O. Boxes, Address of Foreign Recruiter, University, or Friend NOT Permitted):

Street Address: _____

City: _____ Province: _____

Territory Postal Code: _____ Country: _____

Foreign Phone: _____ US Phone (if known) : _____

Email Address: _____

Are you currently living in the U.S? YES NO If "Yes", what is your Visa type? F J Other _____

If "Yes", do you plan to transfer your SEVIS Record from another US Institution? YES* NO

*Please also submit the **Transfer In Form** to ensure the SEVIS transfer is completed.

Do you have any accompanying dependents (F2/J2)? YES NO

If yes, Enter all names and dates of birth of any Spouse/Children (attach copy of Passport and marriage license):

NAME _____ DOB: _____ Relationship _____

For ADMISSIONS ONLY:

STUDENT ID Number (Banner): _____

Request for: Initial: _____ Transfer: _____ COS: _____ DS 2019 (J): _____

Educational Level: _____ Major: _____

Program Start Date: _____ Expected Graduation Date: _____

Conditional Admission: YES NO Future Program of Study: _____

Financial Sponsorship

Type of Funds: _____ Total in USD: _____ Notes: _____

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Type of Funds: _____ Total in USD: _____ Notes: _____

English Proficiency

Proof of English Proficiency: _____

Test Score/Results: _____ Waived? YES NO Reason: _____