

CCBC STUDENT INFORMATION SHEET

1. Name: (as it appears on your passport)

(First) (Middle) (Last)

2. Foreign/Home Country Address:

Street: _____
City: _____ Country: _____ Zip Code: _____

Please note this is the address to which your I-20 will be mailed, unless otherwise indicated

Phone no.: _____ E-mail address: _____
Date of birth: _____
(month/day/year)

3. U.S. Address (If known): This CANNOT be a P.O. Box

Street: _____
City: _____ State: _____ Zip Code: _____
Home phone no: _____ Cellular phone no: _____

4. Additional Information:

Sex: _____ Married: _____
(male) or (female) (yes) or (no)
Native Language: _____ Passport no.: _____ Expiration Date: _____
Country of Birth: _____ Country of Citizenship: _____

5. Dependents: (Spouse or children who are coming with you and need an I-20)

1) Name: _____ Relationship: _____ Birth Date: _____
Country of Birth: _____ Passport no. (if known): _____

2) Name: _____ Relationship: _____ Birth Date: _____
Country of Birth: _____ Passport no. (if known): _____

6. Sponsor's Name:

(First) (Middle) (Last)

Sponsor relationship to student: _____

Street: _____
City: _____ Country: _____ Zip Code: _____
Phone no.: _____ E-mail address: _____