



International Student Application Form (I-20)

This information form is required of all students planning to attend Houston Community College on a student visa. In order for the I-20AB form to be processed, this form must be completely filled out and mailed to International Student Services, P.O. Box 667517, Houston Texas, 77266-7517. The I-20AB cannot be issued if form questions are incomplete. **PLEASE TYPE & PRINT.**

HCCS Student ID _____ (Found on your web admissions application summary page)

Last/Family Name	Maiden Name	First Name	Middle Name
------------------	-------------	------------	-------------

Address in your home country

Address while attending the Houston Community College (if known)	Telephone
--	-----------

Date of Birth (month/day/year)	Country of Birth	Country of Citizenship	Gender (male/female)
-----------------------------------	------------------	---------------------------	----------------------

Country Issuing Passport	Passport Number	Expiration Date
--------------------------	-----------------	-----------------

Semester you would like to begin classes (Fall, Spring, or Summer)	Social Security Number (if known)
---	-----------------------------------

Sponsor's Name	Relationship to Student	Sponsor's U.S. Telephone
----------------	-------------------------	--------------------------

What type of degree are you seeking?

- Language Training
- Certificate (Short-term training)
- Associate of Arts/Science (2-year degree)
- Bachelor's (transfer to four year)

Major Field of Study _____

International Student Dependent Application Section

(complete this section only if you intend to bring dependents with you during your study in the U.S.)

1. _____
Last Name First Name M/I

_____ M/I
Country of Birth Country of Citizenship

____/____/____ Male Female Spouse Son Daughter
Date of Birth Gender Relationship

Type of Visa: F M J

Admission Number _____ HCCS Student Admin Dependent ID _____ (leave blank - entered by HCCS staff)

2. _____
Last Name First Name M/I

_____ M/I
Country of Birth Country of Citizenship

____/____/____ Male Female Spouse Son Daughter
Date of Birth Gender Relationship

Type of Visa: F M J

Admission Number _____ HCCS Student Admin Dependent ID _____ (leave blank - entered by HCCS staff)

3. _____
Last Name First Name M/I

_____ M/I
Country of Birth Country of Citizenship

____/____/____ Male Female Spouse Son Daughter
Date of Birth Gender Relationship

Type of Visa: F M J

Admission Number _____ HCCS Student Admin Dependent ID _____ (leave blank - entered by HCCS staff)

NOTE: If you plan on bringing more than 3 dependents, please use another printout of this page.