

1420 N. Charles St. Baltimore, MD 21201 410.837.4777

This form is required for all international applicants seeking F-1 status. Please write clearly, complete the entire form, attach all required documents, and submit via email, fax or mail.

A) I-20 REQUEST TYPE		
☐ New F-1 status (outside the United States) ☐ Change of status to I	F-1 from (current status) 🗖 Transfer current F-1 status	
B) STATUS INFORMATION		
Family Name (Surname):	First Name (Given):	
Middle Name:	-	
Country of Birth:	Country of Citizenship:	
Date of Birth (mm/dd/yyyy):	_ Gender: □ Male □ Female	
Email Address:		
This will be the primary method of communication used by UB Internation	ional Advisers.	
Copy of Passport Photo Page:	☐ Will be sent	
Permanent Residential Address in Your Home Country		
Street and Number:		
City:	Province/State:	
Postal Code:	Country:	
Telephone Country Code: City Code:	Telephone Number:	
C) FINANCIAL CERTIFICATION		
Students who wish to study in the United States in F-1 status must have liquid assets to cover these expenses must be demonstrated. Student scholarship agency or themselves. Find more details at www.ubalt.ed	s may be sponsored by a parent, relative, friend, government agency,	
Sponsor's Name:		
Relationship to You:		
City and Country of Residence:		

D) ARE YOU CURRENTLY LIVING IN T	HE UNITED STATE	5:			
☐ No (skip to section F) ☐ Yes	(fill out the inform	nation below)			
U.S. Street Address:					
City:			State: _	Zip code:	
Telephone Number: () _					
Please submit the following require	ed documents:				
Copy of Passport Visa Page:	☐ Already sent	☐ Attached	☐ Will be sent		
Copy of I-94 Form:	☐ Already sent	☐ Attached	☐ Will be sent		
E) SCHOOL TRANSFER					
If you are not transferring schools,	skip to section F.				
School where you were last authori	ized to attend by	the Department of H	lomeland Security:		
School:			City:		_ State:
Date of your last attendance at abo	ove school (mm/y	ууу):	_		
Copy of previous I-20 Form(s):	☐ Attached	☐ Will be sent			
Are you currently on or have you re	cently completed	Optional Practical T	raining? 🗆 No 🕒 Yes	If yes, valid from	to
Copy of Employment Authorization	Document (EAD o	card): 🗖 Attached	☐ Will be sent		
F) DO YOU HAVE DEPENDENT(S) THA	AT REQUIRE IMMI	GRATION ASSISTANC	E?		
□ No □ Yes (Please complete a	ınd submit a Depe	?ndent I-20/DS-2019	Request Form.)		
G) REFERENCE					
How did you learn about University	of Baltimore? _				
H) SIGNATURE					
•					
I certify that all information provide	ed is complete to	the best of my know	ledge.		
Signature:				Date:	
Return this form to the Office of Int	ternational Admis	ssion			
By email (preferred)	By	fax		By mail	
Scan/attach documents and emaintladmission@ubalt.edu		N: Office of Internati	ional Admission	University of Baltimore 1420 N. Charles St.	

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Academic Center, Suite 117 Baltimore, MD 21201 U.S.A.