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I-20 REQUEST FORM

Name:			
Family Name		First Name	Middle Initial
Date of Birth:		(Month/Day/Year)	
Country of Birth:		Country of Citizenship:	
E-mail Address:			_
Please check your e-mail regular changes in U.S. government regular If you don't have an e-mail addre	lations. That information will	be sent out by e-mail.	special events and activities as well as
Telephone Number: _			
Current Address:			
		prepared. Please provide the name and ial and will only be used for an emerg	1 phone number of an individual(s) who ency.
[In the United States]	Name		
	Telephone Number		
	Relationship		
[Outside the U.S.]	Name		
	Telephone Number		
	Relationship		
MINIMUM STUDY RI	EQUIREMENT		
		States for the period of time	that is needed to complete their
program of study as indi-	cated on their Form I-2	20, "Certificate of Eligibility	for Nonimmi-grant Student
		udent complete the program	
= =		Office at NOVA Training Ce- true to the best of my know	nter issue an I-20 form. I certify that
an the information includ	aca with this request is	true to the best of my know	icuge.
SIGNATURE:		DATE:	