



Address: 500 8th Ave. Suite 909, New York, NY 10018 Phone: 212-912-0100 Email: admission@amlotus.edu

INTERNATIONAL STUDENT APPLICATION for SEVIS I-20

SECTION A: PERSONAL INFORMATION (Student ID: _____)

Last Name _____ Middle Name _____ First Name _____

Country of Birth _____ Country of Citizenship _____

Date of Birth (MM/DD/YYYY) ____ / ____ / ____ Native Spoken Language _____ Gender Male Female

Phone _____ Email _____ @ _____

Permanent Address _____
outside the U.S. (Street)

(City) (Country) (Zip Code)

U.S. Address _____
(Street)

(City) (State) (Zip Code)

Passport _____ Exp. Date (MM/DD/YYYY) ____ / ____ / ____

SECTION B: PROGRAM INFORMATION (Please check if applicable)

Which quarter would you like to apply for?

- Winter ____ quarter 20____
- Summer ____ quarter 20____
- Spring ____ quarter 20____
- Fall ____ quarter 20____

**** F-1 students MUST maintain full-time enrollment. ****

SECTION C: STATUS (Please check if applicable)

I am applying as a

- New Student – Applying from abroad
- New Student – Applying for a change of status
- Transfer Student – Transferring another school in the U.S. to Amlotus.

If currently in the U.S., what is your visa status?

- B-1/B-2
- F-1
- J-1
- Other _____

How would you like to RECEIVE your I-20:

- Will pick up at Amlotus
- Mail to the address abroad (Express mail fee applied)
- Mail to the U.S. address

Dependents: If your spouse and children will accompany you in F-2, complete the following and attach a copy of each passport bio page.

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Last Name, First Name				
Relationship				
Gender (Male / Female)				
Date of Birth (MM/DD/YY)				
Country of Birth				
Country of Citizenship				

I certify that the above information is correct. I am aware that I must inform the school of any changes to my personal information and/or my Visa status.

Student's Signature _____ Date ____ / ____ / ____

Agent Name _____ Date ____ / ____ / ____ License # _____