



Address: 3720 Prince St. Suite 2J, Flushing, NY 11354 Phone: 516-888-8338 Email: info-flushing@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 semester would you like to apply for?

☐ Winter _____ semester 20____

☐ Summer _____ semester 20____

☐ Spring _____ semester 20____

☐ Fall _____ semester 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 # _____