



This I-20 Request Form must be completed by international students seeking a student visa.

Section I (To be completed by student)

Last Name First Name Middle Name (If applicable)

Start Date of Program (Quarter / Year) Date of Birth (mm/dd/yyyy) Sex (Male / Female)

Country of Birth (City, Providence, Country) Country of Citizenship

Foreign Address

City Providence Country

Address in U.S.

City State Zip Code

Mailing Address If different from above

City State Zip Code

List dependents who are applying for F-2 Visa only

Relation Relation

Last Name Last Name

First Name First Name

Middle Name Middle Name

Date of Birth Date of Birth

Sex (M / F) Sex (M / F)

If you have more than 2 dependents, please attach another sheet.

Attach the copies of the following documents

- Passport
Passport of any dependents

Please send the completed form to Emperor's College of Traditional Oriental Medicine.

FAX Attention: Admissions 310-829-3838

Mail Attention: Admissions Emperor's College 1807 Wilshire Boulevard, Suite 200 Santa Monica, CA 90403