I-20 Checklist

Please complete Section A and return with your Application Packet

Section A

Family Name ____________________ First ____________________ Middle ____________________

Date of birth (month/day/year) ____________________ Age ____________________

Country of Birth ____________________ Country of Citizenship ____________________

Email _____________________________________________________________

Section B  For Office Use Only (to be completed by International Student Advisor)

- Initial
- Transfer from U.S. School
- Change of Status (Current Visa) ____________________
- U.S. Degree(s) earned: ____________________

ID# ____________________ Phone # ____________________

I-20 Checklist:

- DCCCD Application
- International Student Application
- TOEFL ________  IELTS ________
- TOEFL/ IETLS Waiver
  - U.S. Degree
  - English speaking country (as documented by the Cambridge Encyclopedia of Language) ____________________
  - Completed IEP program at a school approved by the District through an established agreement.
  - TSI met (Reading and Writing) ____________________
  - Completed ENGL 1301
- Affidavit of Support
- Bank Statement
- TB test result taken in the U.S. within the last year
- Meningitis Vaccine
- Meningitis Vaccine Waiver: Currently enrolled at DCCCD
- Guidelines signed and dated
- Copy of high school or university transcript

Transfer student:

- Transfer Eligibility form
- Transcripts from all U.S. schools attended
- Copy of I-20 (1st and 2nd pages) from current school
- Copy of I-94
- Copies of biographical, expiration date and visa pages of passport (valid for at least 6 months)

Dependent(s):

- Copies of I-20 (1st and 2nd pages) and I-94
- Copies of biographical and visa pages of passport
- Proof of relationship