



# DICKINSON STATE UNIVERSITY

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International Programs

(701) 502-4186  
dsu.internationalprograms@dickinsonstate.edu

## I-20 Request Form

This form must be completed and submitted to Dickinson State University. Please write legibly to avoid errors on your I-20.

### To be completed by the Student

\_\_\_\_\_  
Last Name (as in Passport)

\_\_\_\_\_  
First and Middle Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
City (As in passport) and Country of Birth

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Country of Citizenship

Foreign Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
*Do not list a relative's U.S. address. Foreign address is required.  
This address should work if DSU were to mail you a letter.  
(Box, Street, City, Province/State, Country)*

Foreign telephone number: Country code (\_\_\_\_\_) (\_\_\_\_\_) Cell or Home

Are you currently in your home country and planning to apply for an F1 visa? YES NO

Are you in the United States and planning to switch your Visa category? YES NO

Are you transferring from a school in the U.S.? YES NO

If yes, please request and complete the DSU SEVIS Transfer Form and request that your current SEVIS record be transferred to Dickinson State University. Your current institution may have their own procedures as well.

Please email my I-20 to the following address:

\_\_\_\_\_  
*You will receive a DRAFT version of your I-20.*

*Please check it carefully. After any corrections you will be issued an INITIAL I-20.*

I understand that accepting and using an I-20 from Dickinson State has legal and financial obligations and I have reviewed <https://studyinthestates.dhs.gov/students/maintaining-status>. DSU sponsored student health insurance is required must be paid within 5 business days after entering the United States.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EMPLID #

\_\_\_\_\_  
Semester to Start/Program of Study

Scan and email to: [dsu.hawk@dickinsonstate.edu](mailto:dsu.hawk@dickinsonstate.edu)

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