



## Supplemental Form for I-20 Application

### Applicant Information:

Surname/Family Name: \_\_\_\_\_ First Name/Given Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Permanent Home Country Address: \_\_\_\_\_

\_\_\_\_\_

Present Address (if different): \_\_\_\_\_

\_\_\_\_\_

Intended Local Address (if known): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ U.S. Phone number (if available): \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Name as it appears on Passport: \_\_\_\_\_

TOEFL Score: \_\_\_\_\_ Date of Test: \_\_\_\_\_

(TOEFL scores **MUST** be mailed directly from the company to BRCC.)

BRCC Intended Program of Study: \_\_\_\_\_

Intended Semester of Entrance (circle one below)

\_\_\_\_ Fall (classes start in August)

(Deadline for application materials is April 1)

\_\_\_\_ Spring (classes start in January)

(Deadline for application materials is October 1)

Intended Year of Entrance: \_\_\_\_\_

**Educational Background:**

Have you completed the equivalency of a U.S. high school diploma?  Yes  No

Did you complete your high school coursework in the United States?  Yes  No

Name of high school/secondary school and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended a college/university outside of the U.S.?  Yes  No

List names & addresses of all non-U.S. colleges/universities attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended a college/university in the U.S.?  Yes  No

List names & addresses of U.S. colleges/universities attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Information:**

Please list name, address, phone number, and email address of parents if they will be providing the funding for your education:

Parent name(s): \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Sponsor Information:**

If someone other than you or your parents will be providing the funding for your education, please provide the information listed:

Sponsor name(s): \_\_\_\_\_

(If organization or agency, please list complete name of agency.)

Complete mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Spouse and Dependent Information:**

Are you married?  Yes  No

Will you need an F-2 visa for your spouse?  Yes  No

Other than your spouse, do you have additional dependents (such as children) that will require an F-2 visa?  Yes  No

List requested information below on spouse and all dependents who will accompany you to the United States and require an F-2 visa.

FULL NAME (as shown on passport)	BIRTHDAY (Month/Day/Year)	PLACE OF BIRTH (Country)	CITIZENSHIP (Country)

**Emergency Contact Information**

Please provide a United States-based emergency contact person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Signature & Date**

I certify all information on this application is accurate and complete to the best of my knowledge. I give BRCC permission to release information to the person named as my emergency contact as needed.

Full legal name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_