



Supplemental Form for I-20 Application

Applicant Information:

Surname/Family Name: _____ First Name/Given Name: _____

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____ Date of Birth: _____

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: _____

BRCC Intended Program of Study: _____

Intended Semester of Entrance (check 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: _____

English Proficiency Testing:

BRCC currently accepts the following nationally-recognized English Proficiency Tests: TOEFL, TOEFL Essentials, IELTS and the Duolingo English Test. (See website or Prospective International Student Letter for scores minimums.)

Test Taken: _____ Date of Test: _____ Score Received _____

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 (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: _____

Email address: _____

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: _____