EZRA UNIVERSITY
2064 MARENGO ST #200 LOS ANGELES, CA 90033 TEL: 323-221-1024 / FAX: 323-221-1025

I-20 REQUEST FORM

*Please complete all the information on this form **in English**.

1. Name: _____

(As it appears on your passport) Last First Middle

2. Date of Birth: _____ 3. Place of Birth: _____

4. Country of Citizenship: _____

5. Foreign Address: _____

6. U.S. Address: _____

7. Request Type: ☐ New Student ☐ New Student – Change of Status ☐ Transfer Student

8. Program of Study

Undergraduate Program

☐ Th.B. (Bachelor of Theology)

Graduate Programs

☐ M.Div. (Master of Divinity)

☐ Th.M. (Master of Theology)

9. Dependents (please list F-2 dependents only)

Name	Relationship	Sex	Date of Birth	Place of Birth	Country of Citizenship