

Student Life Office One Angwin Avenue Angwin, CA 94508 (707) 965-7362 isa@puc.edu puc.edu/international

INTERNATIONAL STUDENT SERVICES

FC	ORM I-20 Q	UESTIONNAIRE	 Date
	 		
Firs	st Name	Middle Name	Last Name
1.	Your present	location: Are you in the United States right now	w? □yes □no
2.	•	ferring to PUC from another U.S. school which y ded recently? ☐ yes ☐ no	you either are currently attending
	If your answe	r to question #2 is yes:	
		what is the date of last attendance at this sch	hool?
	•	provide the school's name and the full name	and contact of the DSO/PDSO
		School Name:	
			Phone:
		Email:	
3.	Permanent ad	ddress in your home country (must be your valid	d residential address)
		Street Address (No P.O. Box permitted)	
		City	
	-	State/Province	
	-	Postal Code	
	-	Country	
		Telephone number at this address	······
		Check this box if your permanent address is the your preferred mailing address:	e same as your mailing address. If not, please provide
		Street Address (No P.O. Box permitted)	
		City	
		State/Province	
		Postal Code	
		Country	
		Telephone number at this address	



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4.	U.S. address (if applicable)			
	Street Address (No P.O. Box permitted)			
	■ City			
	State/Province			
	■ Zip Code			
	■ Telephone number at this address			
5.	Your preferred e-mail address			
6.	S. Your preferred phone number			
7.	Planned academic major			
	2-year degree 4-year degree			
8.	Second academic major			
	☐ 2-year degree ☐ 4-year degree			
9.	Planned start term and year at PUC			
10	. Anticipated graduation date			
	. City of birth			
	. Country of birth			
	. Country of citizenship			
	. Country of outzonomp			
D	ocuments checklist:			
	□ Scanned copy of Passport			
_	☐ Scanned copy of Visa			
	Form I-94 (get your most recent I-94 (https://i94.cbp.dhs.gov/I94/#/recent-search)			
	☐ Scanned copy of your current Form I-20			
C	☐ Bank Statement(s)			
	☐ Financial Guarantee Form(s)			
C	☐ Official College Transcript			
C	☐ Official High School Transcript			