

**NOTE: Items marked with \* are required fields. I-20s cannot be processed without this information.**

### A. APPLICANT INFORMATION

**Reason for Issue\***  Initial Attendance  
 Initial Attendance – Change of Status  
 Transfer

**Gender\***  Male  Female

**Applicant's Name\*** \_\_\_\_\_  
 Last (Family) First Middle

**Date of Birth\*** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MM DD YYYY **Country of Birth\*** \_\_\_\_\_

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

**Admission No.** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**US Driver License No.** \_\_\_\_\_ **Issued by (State)** \_\_\_\_\_

**Foreign Address\*** \_\_\_\_\_  
 House/Apartment Number Street

City State/Province/Territory Postal Code Country

**U.S. Address\*** \_\_\_\_\_  
 House/Apartment Number Street

City State/Province/Territory Zip Code

### B. STUDENT ENROLLMENT INFORMATION

**Program Start Date\*** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Program End Date\*** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MM DD YYYY MM DD YYYY

**Program Length**  1 Month  3 Months  6 Months  12 Months  Other \_\_\_\_\_

### C. APPLICANT'S FINANCIAL DATA

**Funding for Tuition and Living Expenses will come from:**

Student's Personal Funds

Funds from Other Sources *Origin/Explanation of Funds* \_\_\_\_\_  
 (Submit an *Affidavit of Support*)

**DISCLOSURE ACKNOWLEDGEMENT:** I am applying for a student visa to improve my English language skills at **Princeton Institute of Language Inc. dba inlingua**. I fully understand the terms and conditions of my enrollment including refund policies and U.S. Immigration reporting requirements. I am aware that once my visa is approved, information concerning my enrollment and attendance will be reported regularly to the USCIS by **inlingua** as required by Federal Law.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUBMIT COMPLETED FORM TO:**

Princeton Institute of Languages Inc. dba inlingua  
 20 Nassau Street, Suite 110  
 Princeton, NJ 08542  
 Phone: 609-921-2080  
 Fax: 609-921-2085  
 e-mail: [info@inlinguaprinceton.com](mailto:info@inlinguaprinceton.com)

**D. DEPENDANT(S) INFORMATION** *(If applicable. Complete information for each dependant required)*

**Dependant's Name\*** \_\_\_\_\_  
Last (Family) First Middle

**Date of Birth\*** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth\*** \_\_\_\_\_  
MM DD YYYY

**Country of Citizenship\*** \_\_\_\_\_ **Relationship to Applicant\*** \_\_\_\_\_

**Gender\***  Male  Female

**Remarks** \_\_\_\_\_  
 \_\_\_\_\_

**Dependant's Name\*** \_\_\_\_\_  
Last (Family) First Middle

**Date of Birth\*** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth\*** \_\_\_\_\_  
MM DD YYYY

**Country of Citizenship\*** \_\_\_\_\_ **Relationship to Applicant\*** \_\_\_\_\_

**Gender\***  Male  Female

**Remarks** \_\_\_\_\_  
 \_\_\_\_\_

**Dependant's Name\*** \_\_\_\_\_  
Last (Family) First Middle

**Date of Birth\*** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth\*** \_\_\_\_\_  
MM DD YYYY

**Country of Citizenship\*** \_\_\_\_\_ **Relationship to Applicant\*** \_\_\_\_\_

**Gender\***  Male  Female

**Remarks** \_\_\_\_\_  
 \_\_\_\_\_

**Dependant's Name\*** \_\_\_\_\_  
Last (Family) First Middle

**Date of Birth\*** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth\*** \_\_\_\_\_  
MM DD YYYY

**Country of Citizenship\*** \_\_\_\_\_ **Relationship to Applicant\*** \_\_\_\_\_

**Gender\***  Male  Female

**Remarks** \_\_\_\_\_  
 \_\_\_\_\_

**Dependant's Name\*** \_\_\_\_\_  
Last (Family) First Middle

**Date of Birth\*** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth\*** \_\_\_\_\_  
MM DD YYYY

**Country of Citizenship\*** \_\_\_\_\_ **Relationship to Applicant\*** \_\_\_\_\_

**Gender\***  Male  Female

**Remarks** \_\_\_\_\_  
 \_\_\_\_\_