# I-20 Checklist

Please complete Section A and return with your Application Packet

## Section A

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Date of birth (month/day/year) __________________________ Age ______________

Country of Birth __________________________ Country of Citizenship __________________________

Email __________________________

## Section B  Office Use Only (to be completed by International Student Advisor)

- Initial
- Transfer from U.S. School
- Change of Status (Current Visa__________)
- U.S. Degree(s) earned: __________________________

<table>
<thead>
<tr>
<th>ID#</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I-20 Checklist:**

- International Student Application
- TOEFL ________ IELTS ________
- TOEFL/ IELTS Waiver
  - U.S. Degree
  - English speaking country (as documented by the Cambridge Encyclopedia of Language) __________________________
  - Completed IEP program at a school approved by the District through an established agreement.
  - TSI met (Reading and Writing) __________________________
  - Completed ENGL 1301
- Affidavit of Support
- Bank Statement
- Meningitis Vaccine
- Meningitis Vaccine Waiver: Currently enrolled at DCCCD
- TB test result taken in the U.S. within the last year
- Guidelines signed and dated

**Transfer student:**

- Transfer Eligibility form
- Transcripts from all U.S. schools attended
- Copy of I-20 (1st and 2nd pages) from current school
- Copy of I-94
- Copy of biographical, expiration date and visa pages of passport (valid for at least 6 months)

**Dependent(s):**

- Copy of I-20 (1st and 2nd pages)
- Copy of I-94
- Copy of biographical and visa pages of passport
- Proof of relationship