

I-20 Request Form

Name of applicant: _____
Family Name (Surname) First Name Middle Name

Name on passport: _____ Date of birth: _____
(MM/DD/Year)

City & Country of birth: _____

Country of citizenship: _____

Degree you are pursuing: _____

Home mailing address: _____

City: _____ State/Region: _____ Zip/Postal Code: _____

Cell/mobile number: _____ Email address: _____

Will you be applying for the Work Study Program? ____Yes ____ No Please note: You will need to complete the Work Study Application online separately. This is available at wcbc.edu/work-study-application.

Please attach a financial statement showing the funds you have saved to attend West Coast Baptist College for one year.

Signature of applicant: _____ Date: _____

Name of applicant: _____

If this document is not being signed electronically, please email a scanned copy of this form to admissions@wcbc.edu or fax to 661.946.4512.