OIKOS UNIVERSITY
7850 Edgewater Drive, Oakland, CA 94621 Tel. 510.639.7879 Fax. 510.639.7810

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 Programs

☐ B.A. in Biblical Studies ☐ B.M. (Bachelor of Music)

Graduate Programs

☐ M.Div. (Master of Divinity) ☐ M.M. (Master of Music) ☐ M.B.A. (Master of Business Administration)

☐ D.Min (Doctor of Ministry)

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

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