International Admissions



Application for I-20

2500 E. Nutwood Ave. Fullerton, CA 92831 USA (714) 879-3901 FAX (714) 681-7224 Email: immigration@hiu.edu

Please print using capital letters.

1. Legal Name:Family/Last				First	First			Middle	
2. Foreign Hom	e Address:								
City:					Province/State:				
Country:					Postal Code:				
Date of birth: $\frac{1}{month} / \frac{1}{day} / \frac{1}{year}$					4. Gender (check one): ☐ Male ☐ Female				
5. Country of birth:					6. City of birth:				
7. Country of ci	tizenship:								
8. Field of study									
9. Degree: (lang	ruage training, ba	achelor's)							
0. List any depe	endents who will	be accompany	ying you.						
Last Name	First Name	Middle Name	Date of Birth MM/DD/YY	Country of Birth	City of Birth	Country of Citizenship	Gender: Male/ Female	Relationship: Child/Spouse	
	rrives at <i>Hope,</i> as the student will	nd will be use I be deducted f	d to pay tuition from this deposi	for the first t.	semester.	Postage costs	for maili		

Please attach a copy of your passport to this application

Return completed application to Hope International University, Attn: International Student Programs 2500 E. Nutwood Ave., Fullerton, CA 92831 US