International Admissions



Application for SEVIS I-20

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

	The same of the sa								
		of your passport with	n your applicat	ion.					
1.	Legal Name:		First				Middle		
2.	Date of Birth:/					3. Gender (<i>check one</i>): ☐ Male ☐ Female			☐ Female
4.	Country of Birth:					City of Birth:			
5.	Country of Citizen	nship:							
6.	Foreign Home Address:								
	City: Province/Territory:								
	Postal Code: Country:								
7.	E-Mail Address:								
8.	Foreign Telephone	e Number:							
9.	U.S. Address:				City		State	Zip co	ode
10.	Field of study:								
11.	Education Level:	☐ Bachelor's	☐ Master's	☐ Langua	ge Training				
12.	List any dependents who will be accompanying 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
13.		ight to require one f stage costs for maili the first semester.							
14.	ignature:					Date://			

If you have any questions do not hesitate to contact International Student Programs at 714-879-3901, extension 1618 or isp@hiu.edu.

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