



I-20 Application Form

SUBMIT COMPLETED FORM TO:

Office of Admissions

Massasoit Community College

One Massasoit Blvd Brockton, Massachusetts 02302

Email: internationalstudent@massasoit.mass.edu

ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION:

APPLICANT'S NAME _____

HOME COUNTRY ADDRESS _____

CITY _____ PROVINCE/TERRITORY _____

POSTAL CODE _____ COUNTRY _____

ADDRESS OF STAY IN THE U.S. _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON IN THE U.S.: _____ TELEPHONE NUMBER (_____) _____

WHERE DO YOU WANT US TO SEND YOUR I-20: HOME COUNTRY U.S. ADDRESS PICK UP

EMAIL ADDRESS _____

COUNTRY OF CITIZENSHIP _____

COUNTRY OF BIRTH _____

DATE OF BIRTH _____
Month _____ Day _____ Year _____

PASSPORT NUMBER _____

EXPIRATION DATE OF PASSPORT _____
Month _____ Day _____ Year _____

SEMESTER YOU PLAN TO ATTEND MASSASOIT COMMUNITY COLLEGE _____

PROGRAM OF STUDY: _____

FOR APPLICANTS CURRENTLY IN THE UNITED STATES

I-94 CARD DATE OF ENTRANCE AND DATE OF EXPIRATION _____

WHAT TYPE OF VISA DO YOU HAVE? _____

EXPIRATION DATE OF CURRENT VISA _____