I-20 Application Form

<u>Please print your exact legal name as it appears on your passport.</u> All documents submitted must be in this name. If you are admitted, this name will appear on all permanent records at Langston University.

Name:			
Last/Family Name	First	Middle	
Date of Birth:		<u> </u>	
City & Country of Birth:			
Country of Current Citizens	hip:		
Permanent address in your	r home country (required)		
Street:			
City:			
Province:	Country:		
Postal Code:			
Email Address:			
Telephone:			
Address where you plan to	o live in the United States		
Street:	City:		
Zip Code:	Telephone:		
Program of Study (Required	i)		
List your major field of stud (Keep in mind that Nursing arrives in the U.S. and there	ly that will appear on the I-20: and other Allied Health majors requ fore admission to LU does not guara	ire an additional process once the student intee admission to those programs.)	
Passport Information			
Country of origin:	Passport Nu	Passport Number:	
Passnort Expiration Date:	Muct	have at least 6 months remaining)	