

I-20 VISUAL CHECKLIST – EDUCATIONAL REFERENCE

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID
Needed for SEVIS fee payment and your visa interview.

SEVIS ID: N000000000

SURNAME/PRIMARY NAME STUDENT	GIVEN NAME SAMPLE	CLASS OF ADMISSION F-1
PREFERRED NAME	PASSPORT NAME STUDENT, SAMPLE A.	
COUNTRY OF BIRTH [YOUR COUNTRY]	COUNTRY OF CITIZENSHIP [YOUR COUNTRY]	ACADEMIC AND LANGUAGE
CITY OF BIRTH [CITY]	DATE OF BIRTH MM/DD/YYYY	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER - - - - -	

Passport Name
Must match your passport exactly – spelling included.

SCHOOL INFORMATION	
SCHOOL NAME A F International School of Languages Inc. A F International College	SCHOOL ADDRESS South Pasadena, CA 91031
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL DSO	SCHOOL CODE AND APPROVAL DATE 03 JUNE 2003

Program Start Date
Check your reporting and class start date carefully.

PROGRAM OF STUDY		
EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Studying ESL.	EARLIEST ADMISSION DATE 06 JUNE 2026
START OF CLASSES 06 JULY 2026	PROGRAM START/END DATE 06 JULY 2026 – 31 DECEMBER 2026	

FINANCIALS			
ESTIMATED AVERAGE COSTS FOR: 5 MONTHS		STUDENT'S FUNDING FOR: 5 MONTHS	
Tuition and Fees	\$ 6,500	Personal Funds	\$
Living Expenses	\$ 5,000	Funds From This School	\$
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 11,500	TOTAL	\$

REMARKS
[Remarks field – left blank for initial attendance]

SCHOOL ATTESTATION
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school

and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF: DSO

DATE ISSUED

PLACE ISSUED

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

SIGNATURE OF STUDENT

DATE

NAME OF PARENT OR GUARDIAN

SIGNATURE

ADDRESS (city/state or
province/country)

DATE

- KEY AREAS TO CHECK:**
- **SEVIS ID** — for fee payment & visa interview
 - **Passport Name** — must match exactly
 - **Program Start Date** — verify before travel