



HONOLULU NAIL ACADEMY I-20 APPLICATION FORM

Please print legibly or type

Legal name: Last / family (as it appears on your passport) first middle

Date of birth: Month day year Gender (check one): male female

Country of birth: Country of citizenship: Passport no.

Marital status: Single Married Divorce Number of dependents:

If married, will your dependents accompany you to the U.S.? Yes No
Please provide information for any dependents accompanying student to U.S.

Family name: First name middle name date of birth relationship to student citizenship

- 1.
2.
3.

Home country address: Country:

Should we send the I-20 to the home address above? Yes No If no, please indicate mailing address below:

Address: Country:

Home telephone: Mobile phone: Fax:

E-mail: Emergency contact: Name relationship

Will you be using this I-20 to obtain/ renew M-1 visa at a U.S. embassy? Yes No

Course start date: Do you need housing assistance? Yes No

English education level: Poor Fair Good

Transfer students only: a copy of current I-20, copy of current financial statement, transfer recommendation form and release from previous school.

If yes, what is your immigration status? Visa type: F-1 F-2 M-1 M-2 J-1 J-2 Other: please explain

What is your SEVIS ID number?

Name of school Program enrolled in Date finished:

Deposit: A non-refundable deposit of \$200.00 is required before release of the I-20. If the student is denied a visa the deposit will not be refunded.

I certify that the information provided above is accurate.

Signature Date: month day year

If under 18, legal guardian's signature required. Date: month day year