



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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (check one): male [ ] female [ ] Passport no. \_\_\_\_\_
Month day year

Country of birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

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 [ ]

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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 circle correct visa type please explain

What is your SEVIS ID number? \_\_\_\_\_

Name of school \_\_\_\_\_ Program enrolled in \_\_\_\_\_ Date finished: \_\_\_\_\_

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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

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