



Application for I-20
Attach a copy of your passport

PLEASE PRINT

Name: Family/Last First Name Middle Name

Foreign Home Address:

City: Province/State:

Country: Postal Code:

Date of Birth (MM/DD/YYYY): Gender (check one): Male Female

Country of Birth: City of Birth:

Country of Citizenship: Phone:

Program of Study:

List any dependants who will be accompanying you.

Table with 9 columns: Last Name, First Name, Middle Name, Date of Birth (MM/DD/YY), Country of Birth, City of Birth, Country of Citizenship, Gender: Male/Female, Relationship: Child/Spouse

Student's Signature: Date (month/day/year):

Johnson University Admissions Office

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