



F-2 and M-2 Form Changes – Page One

Rebranding

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: N0004705513 ← **SEVIS ID**

<p>SURNAME/PRIMARY NAME Doe Smith</p> <p>PREFERRED NAME Jane Doe-Smith</p> <p>COUNTRY OF BIRTH UNITED KINGDOM</p> <p>DATE OF BIRTH 24 JULY 1982</p> <p>RELATIONSHIP TO STUDENT SPOUSE</p>	<p>GIVEN NAME John</p> <p>FAMILY NAME Doe</p> <p>COUNTRY OF CITIZENSHIP UNITED KINGDOM</p> <p>ADMISSION NUMBER 123456789</p> <p>STUDENT NAME John Doe Smith</p>	<p>CLASS</p> <h1 style="font-size: 2em;">F-2</h1> <p>DEPENDENT</p>
--	--	---

Clear separation of Dependent Information and Student Information

<p>STUDENT'S INFORMATION</p> <p>STUDENT'S SURNAME/PRIMARY NAME Doe Smith</p> <p>STUDENT'S COUNTRY OF BIRTH UNITED KINGDOM</p> <p>STUDENT'S COUNTRY OF CITIZENSHIP UNITED KINGDOM</p> <p>STUDENT'S SEVIS ID: N0004705512</p>	<p>STUDENT'S GIVEN NAME John</p> <p>STUDENT'S DATE OF BIRTH 01 JANUARY 1980</p> <p>STUDENT'S ADMISSION NUMBER 123456789</p>
--	--

Class of Admission

Clear display of Student Information

STUDENT'S SCHOOL INFORMATION	
SCHOOL NAME SEVP School for Advanced SEVIS Studies	SCHOOL CODE AND APPROVAL DATE BAL214F44444000 03 APRIL 2015

STUDENT'S PROGRAM OF STUDY		
EDUCATION LEVEL MASTER'S	MAJOR 1 Economics, General 45.0601	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 01 SEPTEMBER 2015	PROGRAM END DATE 31 MAY 2021	

STUDENT'S FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS	STUDENT'S FUNDING FOR: 9 MONTHS
Tuition and Fees \$ 23,000	Personal Funds \$ 3,000
Living Expenses \$ 6,000	Scholarship and Teaching Assistantship \$ 29,000
Expenses of Dependents (1) \$ 3,000	Funds From Another Source \$
Other \$	On-Campus Employment \$
TOTAL \$ 32,000	TOTAL \$ 32,000

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.

<input checked="" type="checkbox"/> SIGNATURE OF: Rita Feet, International Scholar Advisor	DATE ISSUED 05 May 2015	PLACE ISSUED Ft. Washington, MD
--	----------------------------	------------------------------------

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, and that I am not providing any information from my records needed by DHS if the student is under 18.

SIGNATURE OF: John Doe Smith

Student's name pre-prints on form

NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE
----------------------------	-----------	--	------

ICE Form I-20 A-B (3/31/2018) Page 1 of 3



F-2 and M-2 Form Changes - Page Two

SEVIS ID, (Class of Admission), and Name

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: N0004705513 (F-2) **NAME: Jane Doe Smith**

REMARKS FOR STUDENT
Orientation begins 8/25/2015. Please report to ISSS upon arrival.

Remarks: Space for comments

STUDENT'S EMPLOYMENT AUTHORIZATION

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE

STUDENT'S EVENT HISTORY

EVENT NAME

OTHER STUDENT AUTHORIZATIONS

AUTHORIZATION	START DATE	END DATE

TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the dependent after a temporary absence from the United States. Each certification signature is valid for one year.

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		

Sections expand as needed to display information

DSO's name does NOT pre-print on form

ICE Form I-20 A-B (3/31/2018) Page 2 of 3