

Enrollment Office 1 Angwin Avenue Angwin, CA 94058 (707) 965-6677 isa@puc.edu puc.edu/international

## INTERNATIONAL STUDENT SERVICES

FC	ORM I-20 QUESTIONNA	IRE			Date
First Name		Middle Name	L	ast Name	
1.	Your present location: Are you	in the United States right now?	□yes	□no	
2.	Permanent address in your hor	ne country (must be your valid r	esidential	address)	
	Street Address	(No P.O. Box permitted)			<del> </del>
	City				
	State/Province				
	Postal Code		_		
	Country				
	Telephone num	ber at this address			
	your preferred mailir  Street Address (N  City  State/Province  Postal Code	ur permanent address is the saming address:  No P.O. Box permitted)		_	·
	■ Telephone number	er at this address			-
3.	City State/Province	(No P.O. Box permitted)			
	Zip Code	nber at this address			



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4.	Your preferred e-mail address
5.	Your preferred phone number
6.	Planned academic major  2-year degree
7.	Second academic major
	2-year degree 4-year degree
8.	Planned start term and year at PUC
9.	Anticipated graduation date
10.	City of birth
11.	Country of birth
12.	Country of citizenship

## ✓ Documents (PDF) checklist:

Scanned copy of Passport

Scanned copy of Visa

Bank Statement(s)

Financial Guarantee Form(s)

Official College Transcript

Official High School Transcript