

Full-time Training in Anaheim

I-20 Information Form

For International Applicants Applying for an M-1 Visa

| email: visas@ftta.org | Fax: (714) 991-8537 |

Required fields are marked with an asterisk ()*

Please type out your information directly onto the PDF file. Do not handwrite and scan.

	*Visa Type:	<input type="text" value="M-1"/>	
1	*Family Name (Surname):	<input type="text"/>	IMPORTANT: Please be sure to spell your name EXACTLY as it is in your passport otherwise you will be unable to use the I-20 issued to you <i>As written on your passport</i>
2	*First Name:	<input type="text"/>	<i>As written on your passport</i>
3	Middle Name:	<input type="text"/>	<i>As written on your passport</i>
4	Suffix:	<input type="text"/>	<i>input only if it is a part of your name</i> <i>First, Second, Third, Fourth, Junior, Senior</i>
5	Passport Name:	<input type="text"/>	<i>Full name in the order shown on machine readable part of passport (at the bottom without the "<<")</i>
6	*Date of Birth:	<input type="text"/>	(e.g. December 11 1996)
7	*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
8	Sending Locality:	<input type="text"/>	<i>Information should match what was provided on your FTTA application</i>
9	*City of Birth:	<input type="text"/>	
10	*Country of Birth:	<input type="text"/>	<i>Country listed on your birth record</i>
11	*Country of Citizenship:	<input type="text"/>	<i>Country from which you have a passport</i>
12	*Issue reason	<input type="checkbox"/> Initial attendance <i>Select if you will apply for a visa from outside the U.S.</i> <input type="checkbox"/> Other: _____ <i>Please specify if your situation is different from the one above and have been in fellowship concerning this</i>	

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13 *Foreign address: *You **must have** a foreign address, even if you are currently in the U.S.*

(Permanent address)

Address 1:

Address 2:

City:

Province/Territory:

Postal code:

Country:

***Foreign Phone number:** +

Country code Phone number

14 U.S. address: *Please provide your U.S. physical address, if you are currently in the U.S.*

Address 1:

Address 2:

City:

State:

Zip Code:

Phone number:

15 *Email address:

16 *Education level: *Level of education applicant will pursue in the U.S.*

Other Vocational School

17 *Primary major: *Major at the FTTA*

Theology and Religious Vocations, Other **39.9999**

18 *Normal Length of Study: **11 months**

19 *Program start date: **For Office Use Only**

20 *Program end date: **For Office Use Only**

21 *English Proficiency: *Is English proficiency required by the school?* **Yes**

Do you have the required proficiency? *Please answer 'yes' or 'no'*

22 *Number of months in academic term: **11**

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23 Expenses per academic year: *The full program is 2 academic terms. After one year, you will need to re-apply again.*
(11 months)

Tuition and Fees:	<input style="width: 90%;" type="text" value="\$12,600"/>	
Living Expenses:	<input style="width: 90%;" type="text" value="\$3,300"/>	
Expenses for dependents:	<input style="width: 90%;" type="text" value="N/A"/>	
Other costs:	<input style="width: 90%;" type="text" value="\$4,100"/>	
Specify other costs:	<input style="width: 95%;" type="text" value="Books, Uniform, Mandatory Conference fees, Health insurance, International Student Costs"/>	
Total expenses:	<input style="width: 90%;" type="text" value="\$20,000"/>	

24 *Funding: *You must turn in proof of funding before we will issue your I-20*

Student's personal funds:	<input style="width: 90%;" type="text" value="\$"/>	
Funds from other sources:	<input style="width: 90%;" type="text" value="\$"/>	<i>Examples:</i> Family supported, church grant
Other source type:	<input style="width: 95%;" type="text"/>	
*Total funding:	<input style="width: 90%;" type="text" value="\$"/>	

25 *Once all of your documents have been received and you have received acceptance, we will forward your issued I-20 by express mail. Can the above address (given in question 13, if no U.S. address is provided) be used to receive your package?*

Mailing address: Yes
 No

if no, address where your I-20 can be sent to:

Address 1:	<input style="width: 95%;" type="text"/>
Address 2:	<input style="width: 95%;" type="text"/>
City:	<input style="width: 90%;" type="text"/>
State (or Province):	<input style="width: 75%;" type="text"/>
Zip Code/Postal Code:	<input style="width: 75%;" type="text"/>

26 Any comments or questions:

\$325 Visa Processing Fee due with Information Form
Please call to make credit card payment: +1 (714) 991-4688