Agency Partner Student Information Form

Please upload this completed form to IRA Portal within 20 days of student’s application date

Agency Partner

Agency Name: ____________________________________ Agent Representative Name: ____________________________________

Signature of Agent Representative: _______________________________ Date: ______________________________

Student Information

FirstName: ____________________________________ LastName: ____________________________________

Date of Birth: ____________________ Citizenship: ____________________

Address: ____________________________________ Address 2: ____________________________________

City: ____________________ Postal Code: ______________ Country: ____________________

Email: ____________________ Skype: ____________________

Select your degree type: □ Bachelor □ Master □ Doctoral Preferred Degree Program: ____________________

Semester Start Date: ____________________

As per the Student Exchange and Visitor Program federal policy of 06/04/19, Designated School Officials (International Student Advisers) are only authorized to release the Form I-20 directly to non-immigrant students, their dependents, or, for minors, to their parent or legal guardian. The Form I-20 will be mailed directly to the applicant using address indicated above.

Comments: