

# College of Southern Maryland

## Supplemental Information for I-20 Request

Family Name: \_\_\_\_\_  
First & Middle Name: \_\_\_\_\_

**Mailing address in home country (Required information; P. O. Box not allowed for address)**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Country of: Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gender:  Male  Female Field of Study/Major: \_\_\_\_\_

Semester you wish to attend: \_\_\_\_\_

---

Please provide the following information regarding your housing and transportation.

**Local Address:**

Street: \_\_\_\_\_

Apartment/P. O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Transportation to and from campus will be via:

own car  sponsor car  other (specify: \_\_\_\_\_)

Sponsor Name: \_\_\_\_\_

**La Plata Campus** 8730 Mitchell Road, P.O. Box 910, La Plata MD 20646-0910  
301-934-2251 • 301-870-3008 • 301-884-8131