

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