College *of the* Mainland®

International Student Application Form (I-20)

This information is required of all students planning to attend College of the Mainland (COM) on a student visa.
Please type or print legibly when completing the application. **Applications that are not legible will not be accepted.**
After all documents have been received allow two weeks for processing.

Social Security or Tax ID Number _____   COM ID Number _____

(If Applicable)

Last/Family Name _____   First _____   Middle Name _____

Address in Your Home County

    Address: _____

    City: _____   Province/Territory: _____

    Postal Code: _____   Country:_____

Address while attending College of the Mainland _____

Email Address _____

Local Phone Number _____   Cell Number _____

Date of Birth (mm/dd/yyyy) _____   Country of Birth _____

Country of Citizenship _____   ❑ Male   ❑ Female

Country Issuing Passport _____   Passport Number _____   Expiration Date _____

Sponsor's Name _____   Relationship to Student _____

Sponsor's Telephone Number (If Applicable) _____

Sponsor's Address _____

Program of Study/Major _____

Semester you would like to begin: ❑ Fall ❑ Spring ❑ Summer   Year_____