

BERKELEY CHRISTIAN COLLEGE & SEMINARY

320 13th Street, Suite 205, Oakland, CA 94612 * Tel: (510) 834-1008 * Fax: (510) 839-7234 * Email: bccasorg@gmail.com

I-20 REQUEST FORM

Please complete all the information on the application in English

Name: (as it appears on your passport/visa)

Last _____ First _____

Foreign Address: _____

US Address: _____

Date of Birth: ____ / ____ / ____

Current Visa Status: _____ Expiration Date: ____ / ____ / ____

Place of Birth: _____ Country of Citizenship: _____

Request Type: New Student () Transfer ()

Which Program are you applying for?

Bachelor of Theology ()

Dependent Information: (People coming in as F-2's)

Name	Relationship	Gender	Date of Birth	Place of Birth	Country of Citizenship

Required Documents

- Completed Application Form (3 pages)
- Agreement of Financial Responsibility or Affidavit of Financial Support if you have a financial sponsor
- Bank statement with letterhead and balance of at least \$20,000
- I-20 Request Form and Notice of Intention to Transfer Form if you are currently a student elsewhere
- Copy of passport, visa, previous I-20
- Processing fee of \$300 (non-refundable)

NOTICE OF INTENTION TO TRANSFER TO BCCAS

All prospective students applying to Berkeley Christian College & Seminary, who are currently on an F-1 Visa, must have this form completed by a foreign student advisor at your last authorized school and have the completed form emailed or faxed to us.

PART 1: TO BE COMPLETED BY THE STUDENT

Student's Full Name: _____

Admission Number (Form I-94): _____

US Address: _____

Telephone Number: ____ - ____ - ____

Email Address: _____

I authorize my current institution to provide the information requested in Part 2 of this form to BCCAS

Student's Signature _____ Date: ____ / ____ / ____

PART 2: TO BE COMPLETED BY A DSO AT YOUR CURRENT OR LAST INSTITUTION

Student's SEVIS ID: _____

Dates Attended at your institution: ____ / ____ / ____ to ____ / ____ / ____

Expected last date of attendance: ____ / ____ / ____ Release Date: ____ / ____ / ____

Program of Study: _____ Units Completed: ____

Please check one of the following:

Student is in valid F-1 status and is eligible to transfer schools _____

Student is out of status _____ Reason: _____

Signature of DSO: _____

Printed Name and Title: _____

Name of Institution: _____ Address: _____

Phone Number: ____ - ____ - ____ Email: _____

Berkeley Christian College & Seminary
320 13th Street, Suite 05, Oakland, CA 94612
School Code: SFR214F02130000
Tel: (510) 834-1008; Fax: (510) 839-7234
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