

# I-901, Fee Remittance for Certain F, J and M Nonimmigrants

U.S. Department of Homeland Security  
Bureau of Immigration and Customs Enforcement

**TYPE OR PRINT IN BLUE OR BLACK INK**

1. Last Name (*Surname*):

\_\_\_\_\_

2. First Name (*Given Name*):

\_\_\_\_\_

3. Middle Name:

\_\_\_\_\_

**WHERE DO YOU WANT YOUR PAYMENT RECEIPT TO BE SENT?**

4. Street Address /P.O. Box:

\_\_\_\_\_

Apartment Number:

\_\_\_\_\_

No. 2 Street Address /P.O. Box:

\_\_\_\_\_

5. City (*Province*):

\_\_\_\_\_

6. State (*U.S. Address Only*):

\_\_\_\_

7. Country:

\_\_\_\_\_

8. Zip Code/Postal Code:

\_\_\_\_\_

9. Date of Birth (mm/dd/yyyy):

\_\_\_\_/\_\_\_\_/\_\_\_\_

10. Gender (*Check one*): Male:

Female:

11. City (*Province*) of Birth:

\_\_\_\_\_

12. Country of Birth:

\_\_\_\_\_

13. Country of Citizenship:

\_\_\_\_\_

14. School Code (I-20) (**F/M nonimmigrant only**):

\_\_\_\_ 214F \_\_\_\_\_

OR

Program Number (DS-2019) (**J-1 nonimmigrant only**):

\_\_\_\_\_

15. SEVIS Identification Number:

N \_\_\_\_\_

16. Passport Number:

\_\_\_\_\_

17. Amount to be paid:

A. **F/M only**: (\$100)

B. **J-1 only**: Indicate your Exchange Visitor Category (Check only one of the following boxes)

Student (\$100)

Trainee (\$100)

Teacher (\$100)

Professor (\$100)

Alien Physician (\$100)

Government Visitor (\$100)

Research Scholar (\$100)

Short-term scholar (\$100)

Specialist (\$100)

Camp Counselor (\$35)

Summer Work/Travel (\$35)

Au Pair (\$35)

18. Return Receipt:

A. Air Mail (\$0)

(You must choose one)

B. Expedited Delivery (\$30)

Telephone:

\_\_\_\_\_

19. Total amount (add total from 17 and 18):\$ \_\_\_\_\_.