

REQUEST FOR I-20 FORM

International Education Services

DATE: ___/___/___

Please complete the sections below and submit this form along with your **proof of financial support** and the original or clear photocopy of your **current I-20**. Also, bring your **passport** and **I-94** card with you when you return this form. At least **three** working days will be required to process a new I-20.

The name that will appear on the I-20 should match name that appears in your passport.

NAME: _____	STUDENT ID # : _____
(Family / Last Name)	(First Name) (Middle Name)
COUNTRY OF BIRTH: _____	COUNTRY OF CITIZENSHIP: _____
DATE OF BIRTH (mm/dd/yy): _____	SEVIS # : _____
TELEPHONE # (Office): _____	(Home): _____
E-MAIL ADDRESS(es): _____	

PURPOSE OF I-20

Initial Attendance [IA]
 Change of major, or second degree at same level [MJ]
 Change of status [ST]; from _____ to _____
 Correction of information: _____
 Family (F-2) [FA]
 Funding change (significant) [FU]
 Program extension [PE]
 Program-level change [PL]; from _____ to _____
 Reinstatement [RE]
 Replace lost or damaged form [LF]
 Return after leave of absence
 Travel (for additional travel-signature lines) [TR]
 Other/"Remarks:" _____

INFORMATION ON NEW I-20:

Level of education: ___ MEI ___ Bachelor's
 ___ Master's ___ Doctorate

Major field of study: _____

New I-20 expiration date: _____

TRAVELING WITH THIS NEW I-20? **No** **Yes**

DATE of departure _____ of return _____

PASSPORT expiration date: _____

VISA type: _____ VISA expiration date: _____

No. of entries remaining on current visa: **0** **1** **Multiple**

FINANCIAL INFORMATION (Estimated costs for tuition, fees, living expenses, dependents, etc. = \$ _____.
Dependent's "expenses" must be covered by cash/ readily available funds. Must present two monthly statements if source is U.S.):

Funding source #1: _____ Amount: \$ _____

Funding source #2: _____ Amount: \$ _____

F-2 DEPENDENTS who will be living in U.S. with F-1 student. (IES will process "Dependent" I-20 after first 60 days of semester.)

1. _____
(Family / Last Name) (First Name) (Middle Name) (Birthdate – mm/dd/yy) (Country of Birth) (Relationship to F-1 Student)

2. _____
(Family / Last Name) (First Name) (Middle Name) (Birthdate – mm/dd/yy) (Country of Birth) (Relationship to F-1 Student)

___ Other dependents listed on back of this form

I-20 TO BE PICKED UP BY:

___ Me
___ My representative, _____
___ Other: _____