
Last/Family Name

First/Given Name

Middle

*Student ID (SS#): _____
*Required information

Gender: Male Female

Date of Birth: ____/____/____
Month Day Year

*SEVIS ID: **N000**
*Required information

E-mail Address

Country of Birth: _____

Country of Citizenship: _____

Major (as shown on I-20): _____

I-20 Expiration Date: _____

Current Visa Status: _____

Visa Expiration Date: _____

Expected Graduation/Transfer Date: _____

Passport Expiration Date: _____

I state that the information I am providing on this form is true. I further understand that it is a violation of U.S. law to give false information to the college.

Student Signature

Date

(____) _____
Phone Number

1. **PART 1** for Form I-20 related request.
2. **PART 2** for letter or other document request.

PART 1 – I-20 Request

1. Purpose

- Travel & Re-entry. *Please provide us with your current I-20 form.*

Departure Date: _____ Return Date: _____ Destinations: _____

☞ Do you need or intend to renew your F-1 Visa while outside U.S.? Yes No
If yes, a new I-20 and a visa renewal letter will be prepared for you.

☞ Are you currently under post-completion practical training? Yes No
If yes, please provide a copy of your EAD card.

New Instructions →

- Replacement of lost I-20.
- *Extension of Program.
- *Change of Major/Program.
- Reinstatement. (Pick up and follow procedures from the International Student Programs office.)
- Adding Dependents to I-20:

- *Instructions:**
1. Meet with an International Student Counselor to develop a new Educational Plan.
 2. Submit request in-person. (An updated financial/bank letter may be required.)

Dependent's Name	Date of Birth	Country of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

- Other (Specify) _____

2. Financial Support Information

Is the source and amount of your financial support the same as it appears on your current I-20 (item #8)? Yes No
If no, please provide financial documentation from your new sponsor.

PART 2 – Letter/Document Request

1. Purpose

- | | | |
|---|---|--|
| <input type="checkbox"/> CSN Verification | <input type="checkbox"/> General Verification | <input type="checkbox"/> Military Verification |
| <input type="checkbox"/> Economic Hardship Petition | <input type="checkbox"/> On-Campus Employment | <input type="checkbox"/> CPT |
| <input type="checkbox"/> Enrollment/Attendance Verification | <input type="checkbox"/> On-Campus Employment Authorization | <input type="checkbox"/> PC-OPT |
| <input type="checkbox"/> Social Security Verification Letter | <input type="checkbox"/> Graduation Verification/Intention | <input type="checkbox"/> Fall |
| <input type="checkbox"/> On-Campus Employment Authorization | <input type="checkbox"/> Invitation Letter | <input type="checkbox"/> Winter |
| <input type="checkbox"/> Graduation Verification/Intention | <input type="checkbox"/> Invitation to attend graduation ceremony | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Invitation Letter | | <input type="checkbox"/> Summer |
| <input type="checkbox"/> Invitation to attend graduation ceremony | | Year _____ |

Please complete the information below:

<i>Name (passport name):</i>	<i>Date of Birth (mm/dd/yyyy)</i>	<i>Relationship To You:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other: (Please explain in details) _____

2. This letter should be addressed to: To Whom It May Concern Other: Specify Name and address

3. I will pick up the letter

4. Please mail or fax the letter to: _____

5. I give permission to the following individual to pick-up my documents: _____

Name

FOR OFFICE USE ONLY

Rec. By: _____

Date Received: _____ Date Due: _____

Quarter admitted: _____ Visa Status: _____

Major: _____ GPA: _____

Quarter	Units	Quarter	Units	Quarter	Units

Remarks: _____

I-20 Letter Issue document Hold document Reason: _____

NOTES: _____
