

I-20 REQUEST FORM FOR F1 STUDENTS

PLEASE COMPELTE THE FOLLOWING INFORMATION AND BRING THIS FORM TO YOUR APPOINTMENT.

Last Name	First Name	Banner ID
Phone No.	Email	
Home Country Address Street	City	Country Postal code
US Address Street	City	State Zip code
The Purpose of this request: (Check Al	LL that apply)	
 □ Program extension ✓ Academic Advisor's letter with sig reason ✓ FINANCIAL DOCUMENTS –original statement/letter (must be in Engli ✓ Proof of Enrollment □ Reinstatement ✓ Academic Advisor's letter with sig reason ✓ Make an appointment with PDSO □ Re-entry after absence from the Umonths. ✓ Academic Advisor's letter explaini ✓ Semester for which you will re-english and U.S. Dollars ✓ Attach original bank statement/legenglish and U.S. Dollars ✓ Sign Affidavit of Financial Support □ Change of statues to F-1: Requirest the Name Change ✓ Passport Biographical Information 	child (ren) will need ✓ Proof or For Spo official For a de ✓ Original in 37 of and \$4, ✓ Copy of ✓ Comple ✓ Academic ✓ Copy of tter (must be in ✓ Form ✓ Academ	who are in the U.S. on a F-2 visa OR who o apply for a F-2 visa to enter the U.S.) relationship use: a copy of your marriage certificate with an inglish Language translation. pendent child: the child's birth certificate. financial documents showing the total amount your I-20 PLUS \$5,000 for the first dependent 100 for each additional dependent. Dependent's Biographical page from Passport to the family information on the back* In Advisor's Letter with signature Major/Minor Change or Addition Unofficial Transcript Degree Level Ic Advisor's Letter Ic Status Verification Form Iriginal bank statement/letter (must be in 11 and U.S. Dollars) Idavit of Financial Support Form It I-20, stolen, damage, etc.) — Please

DEPENDENT #1 Last Name: (as it appears in passport) First Name: (as it appears in passport) ∏ Female Gender: Husband Son ☐ Wife Daughter Relationship to you: Country of Citizenship: Date of Birth (mm/dd/yyyy): Country of birth: Country of Permanent residence: **DEPENDENT #2** Last Name: (as it appears in passport) First Name: (as it appears in passport) ∏ Female Gender: ☐ Wife ∏ Son Husband Daughter Relationship to you: Country of Citizenship: Date of Birth (mm/dd/yyyy): Country of birth: IMPORTANT REMINDERS STUDENT MUST BE ENROLLED FULL-TIME EACH QUARTER (12 UNITS) UNLESS AUTHORIZED BY THE PDSO IF YOU ARE CURRENTLY ON FILING FEES, OR AUTHORIZED FOR REDUCED COURSE LOAD (PART-TIME) BECAUSE YOU ARE IN YOUR LASTQUARTER, YOU ARE NOT ELLIGIBLE FOR AN EXTENSION OF YOUR I-20. PLEASE CONTACT THE PDSO FOR AN APPT. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. I AM AWARE THAT I MUST PROVIDE DOCUMENTATION TO SUPPORT THE I-20 REQUEST. STUDENT SIGNATURE: _____ DATE: _____

* Adding Dependent Information: