



I-20 Update / Request Form

To request a replacement or updated I-20, please complete this form along with the *F-1 Financial Worksheet* and submit to the Office of International Education with adequate proof of funding; copies of your I-20s, passport, visa, and I-94 card; and proof of health insurance including medical evacuation and repatriation coverage.

*** The Office of International Education reserves the right to a one-week time frame for reviewing and processing of any submitted requests. Student should anticipate OIE to take the full week and should expect to submit documents early in order to avoid potential complications.***

*** If a student requests the extension of an I-20, OPT, or other time-limited visa status, all application materials and required documentations must be submitted to the Office of International Education for review and approval no later than 30 days in advance of the SEVIS deadline for submission of the application materials.***

Please type information directly into form.

Today's Date: _____

Received: _____

STUDENT INFORMATION					
Full Name on Passport					
		Last	First	Middle	
SEVIS ID#	N	SU ID#		Birth Date (mm/dd/yyyy)	
Email Address				Phone () -	<input type="checkbox"/> Home <input type="checkbox"/> Cell
U.S. Address:					
ESF ACADEMIC PROGRAM OF STUDY					
Degree Level	<input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> PhD			Academic Major(s)	
I-20 Start Date	/ /		Have you maintained full-time enrollment status every semester? (Please reference Enrollment Certificate from the Registrar's Office) <input type="checkbox"/> Yes <input type="checkbox"/> No		
I-20 End Date	/ /		If no, indicate semesters & why: _____		
I-20 REQUEST/ UPDATE					
Please indicate the reason for your I-20 request and all necessary updates.					
<input type="checkbox"/> Replace lost document			<input type="checkbox"/> Add _____ as a <input type="checkbox"/> Major <input type="checkbox"/> Minor		
<input type="checkbox"/> Update funding information in financial section			<input type="checkbox"/> Change degree level from _____ to _____		
<input type="checkbox"/> Change program of study from _____ to _____					
<input type="checkbox"/> Change immigration status from _____ to _____					
<input type="checkbox"/> Other: _____					
TRAVEL					
Passport Expiration Date	/ /		Visa Expiration Date	/ /	
				I-94 card marked D/S?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your dependents have upcoming travel plans?		<input type="checkbox"/> No <input type="checkbox"/> Yes. The departure date is / / . Travel will be to: <input type="checkbox"/> Canada/ Mexico/ Adjacent Islands <input type="checkbox"/> Other: _____ Who will be traveling? <input type="checkbox"/> Self <input type="checkbox"/> Self and dependents <input type="checkbox"/> Dependent will travel alone			
Please provide any additional information relevant to your request					

ESF OFFICE OF INTERNATIONAL EDUCATION USE ONLY

Student Submitted:

- Financial Worksheet
- Copies: All Previous I-20's (p.1 & p. 3)
- Copies: Passport, Visa, I-94
- Proof of Health Insurance

Student Documents & Status Reviewed:

- Maintained Continuous Full-Time Enrollment (See Enrollment Certification)
- Sufficient funding
- Passport Valid
- Dependent records

Additional Updates to I-20:

- Address
- Financial