

1/2017

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## **CAP-GAP I-20 REQUEST FORM**

**DIRECTIONS:** This form is required for all F-1 students requesting that Cap-Gap be noted on their I-20. Before submitting this form, please make sure that you are eligible for Cap-Gap benefits. Complete this form and attach a copy of your EAD card, and H1-B I-797 receipt notice or approval notice. Submit these documents to our office or scan and e-mail them to <a href="mailto:iemployment@ucsd.edu">iemployment@ucsd.edu</a>. All new I-20s will be processed within **10 business days**.

|                                               | your method of pick-up or delivery for your new I-20:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | will mink up any 1.20 from the laternational Charleste |  |  |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|--|
|                                               | e of person picking up)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | will pick up my 1-20 from the international Students   |  |  |
| •                                             | grams Office<br>d like my I-20 to be express-mailed to me.  I have created an <u>E-Ship (</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Global account. My tracking number                     |  |  |
| is:                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |  |  |
| ☐ I would                                     | d like my I-20 to be sent via Standard Mail to this U.S. address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |  |  |
| STUDENT INF                                   | FORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |  |  |
| Last name:                                    | First name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |  |  |
| PID Number: _                                 | Email address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Phone:                                                 |  |  |
| <b>Current Addre</b>                          | ress:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |  |  |
|                                               | IMPORTANT NOTE: Changes to your address need to be made w.act.ucsd.edu/studentAddresses/addresses). If you no longer address to istudents@ucsd.edu with "Personal Address                                                                                                                                                                                                                                                                                                                                                                                                                                              | have access to TritonLink, provide your new            |  |  |
|                                               | ment Authorization Document) validity dates: from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | to                                                     |  |  |
|                                               | & back side copy of your EAD to this form.) any F-2 dependents?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |  |  |
| Do you mavo a                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |  |  |
| CURRENT EM                                    | MPLOYMENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |  |  |
| Employer/Company Name: Employment Start Date: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |  |  |
| Company Add                                   | dress (Street/City/State/Zip Code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |  |  |
| Job Title/Position:Supervisor Name:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |  |  |
| Supervisor En                                 | mail: Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone:                                                 |  |  |
|                                               | work location info ONLY IF DIFFERENT from employer info)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |  |  |
| Physical Work                                 | k Location Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |  |  |
| Work Location                                 | on Address (Street/City/State/Zip Code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |  |  |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |  |  |
| ELIGIBILITY C                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |  |  |
|                                               | AFTER READING, PLEASE CHECK ALL BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ES AND SIGN                                            |  |  |
|                                               | I am in F-1 status and an H-1B petition has been filed on my behalf that:  has been <b>timely filed</b> . "Timely filed means that the H-1B petition (indicating change of status rather than consular processing) was filed during the H-1B acceptance period, which begins April 1st, while the student's authorized F-1 duration of status (D/S) admission was still in effect (including any period of time during the academic course of study, any authorized periods of post-completion Optional Practical Training (OPT), and the 60-day departure preparation period, commonly known as the 'grace period'"). |                                                        |  |  |
|                                               | □ requests an <b>employment start date of October 1</b> of the current year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |  |  |
|                                               | requests a change of status; I am NOT requesting consular pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ocessing.                                              |  |  |
| □ I have r                                    | read and acknowledge that all of the above statements are true and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | accurate.                                              |  |  |
| Signature                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date                                                   |  |  |