International Students & Programs Office

9500 Gilman Drive, #0018, La Jolla, CA 92093-0018 Phone: 858.534:3730 Email: <u>istudents@ucsd.edu</u> Web: http://istudents.ucsd.edu

I-20 REQUEST FORM FOR F-1 STUDENTS

NOTE: This form is for requests from <u>current</u>, <u>continuing</u>, or <u>returning</u> **UC** San Diego students. Please complete all sections on front and back, and submit supplemental documents when required. Allow up to 10 working days to process this application.

KE/	ASON FOR I-20 REQUEST: (CHECK ONE):		
•	Add Dependent Attach: 1) Copy of bank statement(s) or financial support letter(s) 2) Copy of dependent's biographical page from passport 3) Copy of marriage certificate or birth certificate with English translation 4) Complete dependent's section of this form	•	Program Extension I-20 Attach: 1) Copy of bank statement(s) or financial support letter(s) 2) Program Extension Form
•	Returning From Absence of More Than 5 Months Attach: 1) Copy of bank statement(s) or financial support letter(s) 2) Copy of passport biographical information page 3) Copy of (1) of the following: UCSD readmission letter, email from academic department or printout of WebReg showing full-time units Return From Absence Less Than 5 Months (SEVIS Data Fix) Attach copy of flight itinerary showing return You have 5 days from the arrival date on your flight itinerary to meet with an advisor at ISPO and present your most recent I-94.	•	New I-20 after Termination (Appointment with International Student Advisor required before completing request.) Attach: 1) Copy of bank statement(s) or financial support letter(s) 2) Copy of passport biographical information page 3) If absent for 2 terms or more, include copy of the following: UCSD readmission letter, email from academic department or printout of WebReg showing full-time units
	Change of Status to F-1 (Appointment with International Student Advisor required <u>before</u> completing request.)		Reinstatement after Termination (Appointment with International Student Advisor required before completing request.
•	Attach items listed under Change of Status documents	•	Attach items listed under Reinstatement documents
•	Replacement I-20 (For Lost, Stolen, Damaged, Travel, I-515A issuance, Employment) Specify reason: Updated Employment I-20 (OPT: must submit Employment Reporting Form. CPT: must submit Job Offer Letter) Specify reason:	•	Program Level Change Attach: 1) Copy of UCSD admission letter or approved UCSD petition 2) Copy of bank statement(s), financial support letter(s) or department offer of support
•	Financial Information Change Attach copy of bank statement(s) or financial support letter(s) Name Change Attach TritonLink printout verifying name change and copy of passport biographical information page Citizenship or Country of Permanent Residency Change Attach copy of passport biographical information page Academic Major Change TritonLink must reflect your updated major(s)	•	SEVIS Record Transfer to return to UC San Diego UC San Diego: SEVIS school code: SND214F00088000 Attach: 1) Copy of (1) of the following: UCSD readmission letter, email from academic department or printout of WebReg showing full-time units 2) Copy of bank statement(s), financial support letter(s) or department offer of support 3) Copy of passport biographical information page 4) Copy of previous institution I-20 5) Copy of current I-94

PERSONAL INFORMATION	
Last Name:	First Name:
UCSD ID Number:	E-mail Address:
Home Phone:	Alternate Phone:
Date of Birth (month/day/year):	Country of Birth:
Country of Citizenship:	Country of Permanent Residence:
SEVIS Number (if applicable):	I-94 Number (if currently in U.S.):
Expected Graduation Date (month/year):	Degree Level at UCSD (Bachelor, Master, Doctorate):
Quarter of Return (if applicable):	Major:



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(Street Address) Permanent Address: (This is your permanent address in you (Street Address)			(City) ur home country.)		(State)	(Zip Code)			
			(City)		(Province)	(Country)	(Postal Code)		
EVIS Record R	elease Date (applica	ble to students reque	sting SEVIS reco	rd transfer ONL	'):				
20 DELIVER	Y OPTION								
In-Person pick or person named		document:)		
Standard Mail Vill be sent to lo	cal address above, u	nless different addres	s specified here:)		
Express Mail:	eShipGlobal Order #	:							
DEPENDEN [*]	T INFORMATION	N (Husband/Wife	/Child)						
First Name	Last Name	Relationship to Student (Husband/Wife/ Child)	Birth date (month/day/ year)	City Of Birth	Country Of Birth	Country of Citizenship	Country of Permanent Residence		
FINANCIAL	INFORMATION	(IF REQUIRED F	OR YOUR SE	ELECTED RE	QUEST)				
NOTE: Student the Affidavit of F	must provide a curre	nt bank statement with tion below must be co etter from that sponsor	n existing funds in Impleted. Student	the account. If t	ne bank statement	agency, foundation	on or		
Source of Fund	d: □ Self □ Family	☐ Other (school, c	ompany, agency	, foundation or	government agei	ncy)			
"I have read the that these funds	s are available and I a	ne amount needed for accept full responsibili time and no student sl	ty for these expen	ses. I fully unde	stand that person				
Name of Perso	n Financially Respo	onsible:	Relationship to Student:						
Signature:			Date:						
	ve information is accu I living costs at the Ur	urate. I am aware that				nds to support m	у		
		inversity of Camornia :	san Diego dunno	my brodiam oi s	iuuV.				