I-20/DS-2019 REQUEST FORM

Please print clearly. An incomplete request form cannot be processed. Bring this form to the International Programs office along with your passport and original I-20 or original DS-2019. It will take approximately 5 working days to process this request.

Name ___________________________________________  Last (Family)  First  Middle

CSUCI ID ___________________________  Date of Birth ________/______/______

Country of Birth ___________________________  Country of Citizenship ___________________________

Degree/Major ___________________________  Expected Completion Date ___________________________

Passport Expiration Date ________/______/______  Current I-20 End Date ________/______/______

Visa expiration date ___________________________  Number of Visa Entries ___________________________

Check ALL that apply:

(     ) Endorsement for travel: we recommend that you get an endorsement before every trip outside the US

(     ) New I-20 for Change of status to F-1: please attach a Declaration of Finances and financial document

(     ) Change of major or program

(     ) Applying for visa (F-1, F-2, J-1, J-2) abroad

(     ) I-20/DS-2019 for use by dependents

(     ) Replacement I-20/DS2019

Traveling to ___________________________  Purpose of Travel ___________________________

Approximate Departure Date ____________  Approximate Return Date _________________________

This section for Family (spouse and/or children) travel I-20/DS-2019 request ONLY

| Last Name: ___________________________ | First Name: ___________________________ |
| Date of Birth: ___________________________ | Country of Citizenship: ___________________________ |

| Last Name: ___________________________ | First Name: ___________________________ |
| Date of Birth: ___________________________ | Country of Citizenship: ___________________________ |

| Last Name: ___________________________ | First Name: ___________________________ |
| Date of Birth: ___________________________ | Country of Citizenship: ___________________________ |

I certify that the information I have supplied is true and correct.

Signature ___________________________  Date ___________________________  Phone Number ___________________________  E-mail address ___________________________