



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:

- | | |
|---|--|
| <input type="checkbox"/> Endorsement for travel: <i>we recommend that you get an endorsement before every trip outside the US</i> | <input type="checkbox"/> New I-20 for Change of status to F-1: <i>please attach a Declaration of Finances and financial document</i> |
| <input type="checkbox"/> Change of major or program | <input type="checkbox"/> Applying for visa (F-1, F-2, J-1, J-2) abroad |
| <input type="checkbox"/> I-20/DS-2019 for use by dependents | <input type="checkbox"/> 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 _____