

## Request for Form I-20/DS-2019

### I. Personal Information

Student ID \_\_\_\_\_ SEVIS ID \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M\_\_\_ F\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Visa Type \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

### II. Reason for I-20/DS-2019 Request

- Break in F-1 or J-1 Status / Absent from U.S. for more than 5 months
- Reinstatement to F-1 to J-1 Status
- Replacement of Lost I-20 / DS-2019
- Update of Financial Information
- Name Change
- Change of major or program
- Other \_\_\_\_\_

Are you currently on OPT or Academic Training? Yes / No End Date of OPT or AT \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you planning to travel outside the U.S. this month? Yes / No Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Comments/Concerns: \_\_\_\_\_

Current Address (PO Boxes are <i>not</i> acceptable unless student lives in an on-campus dormitory)	Home Country Address (No US addresses please.)
Street 1 _____	Street 1 _____
Street 2 _____	Street 2 _____
City _____ State _____ ZIP _____	City _____
E-mail _____	State/Province _____
Telephone (Home) _____ (Work) _____	Country _____ Postal Code _____

**III. Program of Study**

Current Program of Study: Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Doctorate \_\_\_\_\_ Major: \_\_\_\_\_

Are you concurrently enrolled at two degree levels? (i.e., Master's and Doctorate) Yes / No

Program Start Date (as listed on your current I-20) \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Program End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Graduate Students Only:**

Academic Advisor Name \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**V. Funding (all students complete this section)**

Please check the sources of your funding. If you have a university assistantship or scholarship, please have your department complete the certification of support.

- Personal Funds       MSU Assistantship       Sponsoring Agency
- Family Funds       MSU Scholarship

<b>Certification of Support: To be completed by the department providing assistantship</b>	<b>Departmental Information</b>
<div style="text-align: right; margin-bottom: 10px;">Stipend/Salary</div> Fall Semester..... \$ _____ Spring Semester..... \$ _____ Summer..... \$ _____	Department _____  Contact Person _____  Telephone _____  E-mail _____  Departmental Signature _____  Date ____ / ____ / ____

**YOU WILL BE NOTIFIED BY EMAIL WHEN YOUR DOCUMENT IS AVAILABLE.**