International Student Services
Application for I-20 Document For F-1 Students and F-2 Dependents

I. Reason for I-20 Request

☐ Break in F-1 Status / Absent from U.S. for more than 5 months
☐ Reinstatement to F-1 Status
☐ Replacement of Lost I-20
☐ Update of Financial Information
☐ Name Change
☐ Other ________________________________

Are you currently on Optional Practical Training?  Yes  No  End Date of OPT ___/___/___

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

Other Comments/Concerns: ____________________________________________________________

II. Personal Information (of F-1 Student)

University ID Number __________ SEVIS ID __________ Date of Birth ___/___/___ Gender: M __ F __

First Name ____________________ Middle Name __________ Last Name ___________________

Country of Birth ________________ Country of Citizenship ___________________________

Passport Issued By ___________________ Number: ___________ Passport Expiration Date ___/___/___

Current Address (PO Boxes are not acceptable unless student lives in an on-campus dormitory)

Street 1 ____________________________

Street 2 ____________________________

City __________ State _______ ZIP _________

E-mail ______________________________

Telephone (Home) __________ (Work) __________________

Home Country Address (No US addresses please.)

Street 1 ____________________________

Street 2 ____________________________

City ________________________________

State/Province ______________________

Country ____________________________ Postal Code __________

Students are reminded to keep their street and e-mail addresses current in ISS Files. International Student Services will always contact you at the information listed in your file.
(Students who are on OPT should send all contact information updates to: internationalstudentservices@missouristate.edu)

Created 03/08/2010

(Please complete the reverse side of the form)
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

Certification of Support: To be completed by the department providing assistantship/scholarship for Spring 2009-Fall 2009

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Departmental Information

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