



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

301 S. JEFFERSON, SUITE 101, MCCE SPRINGFIELD, MO 65806
 PHONE: 417-836-6618 • FAX: 417-836-7656 • E-MAIL: INTERNATIONALSTUDENTSERVICES@MISSOURISTATE.EDU

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 ____/____/____
mm dd year

Are you planning to travel outside the U.S. this month? Yes No Departure Date ____/____/____
mm dd year

Other Comments/Concerns: _____

II. Personal Information (of F-1 Student)

University ID Number _____ SEVIS ID _____ Date of Birth ____/____/____ Gender: M__ F__
mm dd year

First Name _____ Middle Name _____ Last Name _____

Country of Birth _____ Country of Citizenship _____

Passport Issued By _____ Number: _____ Passport Expiration Date ____/____/____
mm dd year

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



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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

<p style="text-align: center;">Certification of Support: To be completed by the department providing assistantship/scholarship for Spring 2009-Fall2009</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; padding-right: 20px;">Stipend/Salary</td> </tr> <tr> <td>Fall Semester.....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Spring Semester.....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Summer.....</td> <td style="text-align: right;">\$ _____</td> </tr> </table>		Stipend/Salary	Fall Semester.....	\$ _____	Spring Semester.....	\$ _____	Summer.....	\$ _____	<p style="text-align: center;">Departmental Information</p> <p>Department _____</p> <p>Contact Person _____</p> <p>Telephone _____</p> <p>E-mail _____</p> <p>Departmental Signature _____</p> <p>Date ____ / ____ / ____</p>
	Stipend/Salary								
Fall Semester.....	\$ _____								
Spring Semester.....	\$ _____								
Summer.....	\$ _____								

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