



## I-20 REQUEST FORM

STUDENT INFORMATION					
Last Name:		First Name:			
SF State Student ID:		SEVIS ID:		<input type="checkbox"/> Do not have one	
Phone:		SF State E-mail:		@mail.sfsu.edu	
Major:		2 <sup>nd</sup> Major:			
Level of Study:	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	Program End Date on the I-20:			
F-1 Visa Expiration Date:		Expected Graduation Date:			
REASONS FOR I-20 REQUEST					
<input type="checkbox"/>	Returning to SF State after one semester off				
Date you last attended classes:		Date you left the U.S.:		Date you plan to return to the U.S.:	
<input type="checkbox"/>	Add F-2 Dependent. Attach a list of supporting documentation posted at <a href="http://oip.sfsu.edu/fl/current/maintain/dependents">http://oip.sfsu.edu/fl/current/maintain/dependents</a>				
<input type="checkbox"/>	Change of Status to F-1 by travel. Attach a list of supporting documentation posted at <a href="http://oip.sfsu.edu/cos">http://oip.sfsu.edu/cos</a> .		Departure Date:		Return Date:
	Your foreign address in your home country:				
<input type="checkbox"/>	Regain F-1 status by travel	Departure Date:		Return Date:	
ADDITIONAL REQUIRED DOCUMENTS					
I have attached the following proof of finance verifying me and/or my sponsor(s) will support my studies in the U.S. for one academic year.					
<input type="checkbox"/>	Proof of Finance (Bank documentation)				
<input type="checkbox"/>	Financial Affidavit and Sponsor's(s) letter if you have sponsor(s)				
<input type="checkbox"/>	Photocopy of current passport (Bio-data page only)				
METHOD OF PICK UP					
<input type="checkbox"/>	I would like to pick up in person. (Please bring a photo ID.)				
<input type="checkbox"/>	I give permission to the following individual to pick up my documents:				
<input type="checkbox"/>	Please mail to (Print clearly):				
<b>I state that the information I am providing on this form is true and understand that it is a violation of U.S. law to give false information to San Francisco State University.</b>					
Student's Signature:		Date:			
OFFICE USE ONLY					
Date Rec'd:		Date Due:		Rec'd by:	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	By:		Notes:	