San Francisco State University - Office of International Programs

F-1 Document Request Form

Please print clearly and complete areas A, B, C & D. Documents requested are prepared in 5 working days.

A. Personal Information

Last Name | First Name

- [ ] Male
- [ ] Female

First Semester at SF State

- [ ] Fall
- [ ] Spring

SF State Student ID #

Visa Expiration Date

Month / Day / Year

SEVIS ID

[ ] Undergraduate
- [ ] Graduate
- [ ] Certificate

Certificate

Expected Graduation Date

Month / Day / Year

Major

I-20 Expiration Date

See Item #5 of your I-20

Month / Day / Year

Country of Citizenship

Birthplace

Passport Expiration Date

Month / Day / Year

B. Choose Your Request

1. [ ] Travel & Reentry. Please provide us with your current, original I-20 form.

   - Departure Date:
   - Return Date:
   - Destination:

   Do you need or intend to apply for an F-1 visa while outside U.S.?
   - [ ] Yes
   - [ ] No

   Are you currently in valid F-1 status?
   - [ ] Yes
   - [ ] No

   Are you currently under post-completion optional practical training?
   - [ ] Yes
   - [ ] No

   (If yes, include a copy of your EAD card)

   Are you traveling with any F-2 visa dependents (Spouse or Child)?
   - [ ] Yes
   - [ ] No

   (If yes, include the dependent’s original I-20)

2. [ ] Replacement for lost I-20

3. [ ] Replacement I-20 for change of major

4. [ ] Estimated Student Expense Letter

   Letter includes an estimate of expenses for the upcoming year.

   Students will need to provide payment receipts if the request is for actual expenses incurred.

5. [ ] Other. Please state nature of request and any special details if applicable:

   Please note that all letters will be addressed "to whom it may concern" unless otherwise specified.

C. Method of Pick-Up

- [ ] I would like to pick up in person (Please bring a photo ID)

- [ ] I give permission to the following individual to pick up my documents:

- [ ] Please mail to (Print clearly):

D. Signature

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.

Signature

Telephone Number

Date

E-mail

For Office Use Only

Date Rec’d:

Date Due:

By:

Advisor’s notes:

Adviser’s initials:

Date:

Last updated: December 2015