

**San Francisco State University - Office of International Programs**  
**F-1 Document Request Form** (Download this form at <http://oip.sfsu.edu/f1request>)

Download this form at:



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

**A. STUDENT INFORMATION**

Last Name:		First Name:	
SF State ID:		SEVIS ID:	
Phone:		SF State E-mail: @mail.sfsu.edu	
U.S. Address:		City:	Zip CA:
Major:		Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Certificate	
2 <sup>nd</sup> Major/Minor:		1 <sup>st</sup> Semester at SF State: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year	
Passport Expiration Date:	Month	Day	Year
Program End Date on the I-20:	Month	Day	Year
F1 Visa Expiration Date:	Month	Day	Year
Expected Graduation Date:	Month	Day	Year

**B. REQUEST**

**Travel and Reentry.** Submit your current original I-20 with this request form.

Departure Date	Month	Day	Year	Return Date	Month	Day	Year
Destination							
Do you have an Academic Probation Hold?		<input type="checkbox"/> Yes. If Yes, have you cleared the hold? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> No	
Do you need or intend to apply for an F-1 visa while outside U.S.?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently under post-completion optional practical training? If yes, include a copy of your EAD card.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you traveling with any F-2 visa dependents? If yes, include the dependent's original I-20.						<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Replacement for Lost I-20**

**Replacement I-20 for Change of Major**

**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. All letters will be addressed "To Whom It May Concern" unless otherwise specified.

**Complete a form.** Attach the form with this request.

**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.

Student Signature	Date
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**OFFICE USE ONLY**

Date Rec'd:	Date Due:	Rec'd by:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Notes: