

**San Francisco State University - Office of International Programs**

F-1 DOCUMENT REQUEST FORM (DOWNLOAD THIS FORM AT [HTTP://OIP.SFSU.EDU/F1REQUEST](http://oip.sfsu.edu/f1request))

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 Student 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	
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		
Do you have a pending post-completion optional practical training application? If yes, include a copy of your I-797C notice of action.						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an approved post-completion optional practical training application? 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		

**Other (such as Change of Major, Lost I-20, Updated OPT I-20, Cap Gap I-20). Please specify:**

**C. METHOD OF PICK-UP**

I would like to pick up in person (ID required)

I give permission to the following individual to pick up my documents (ID required):

Please mail to (print clearly):  
 regular mail  express mail

Regular mail is sent without a tracking number. Express mail requires payment on study.eshipglobal.com. Email option for I-20s is not available.

**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: