

<u>ISSS Staff Initials & Date</u>	<u>Notes (for official use only)</u>	<u>Pickup: Student Initials & Date</u>
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UNCG
International Student and Scholar Services
DOCUMENT REQUEST FORM

I. General Information

1. UNCG Student #: _____ 2. Visa Type: _____
3. Family (Last) Name in Passport: _____
4. Given (First) Name in Passport: _____
5. Middle Name in Passport: _____ 6. Date of Birth (mm/dd/yy): ____/____/____
7. Gender: __Male __Female 8. City and Country of Birth: _____
9. Country of Citizenship: _____
10. Phone number: _____ 11. E-mail address: _____

II. Academic Information

12. Educational Level:
 __Freshman __Sophomore __Junior __Senior __Masters __Doctorate __Certificate: what type? _____
13. Primary Major: _____ 14. Secondary Major: _____
15. Minor: _____
16. Date you started your current program at UNCG (mm/dd/yy): ____/____/____
17. Date you plan to complete your program at UNCG (mm/dd/yy): ____/____/____

III. PLEASE INDICATE DOCUMENT(S) NEEDED:

- Signature** on I-20 for travel
- Approval for **Less Than Full-Time Enrollment**
- Certification of **Enrollment**
- Certification letter for a **Social Security Number**
 (must provide job offer letter with nature of employment, hours/week, workplace, and supervisor name, email and signature)
- Approval for **Concurrent Enrollment**
 Year: ____ __Fall __Winter __Spring __Summer
 Name of other school: _____

<p>MUST FILL OUT BACK SIDE FOR:</p> <p><input type="checkbox"/> New I-20 or DS-2019 (include funding documents)</p> <p><input type="checkbox"/> *Curricular Practical Training (CPT) Authorization</p> <p><input type="checkbox"/> *Optional Practical Training (OPT) Recommendation</p> <p><input type="checkbox"/> *Other Off-Campus Work Authorization (Academic Training, Severe Economic Hardship, Int'l Org, SSR)</p> <p><input type="checkbox"/> Letter of Invitation (provide name(s), date of birth, relationship, passport numbers of visitors and reason)</p> <p><input type="checkbox"/> Certification of Estimated Expenses</p> <p><input type="checkbox"/> Other: _____</p>
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If all supporting information is accurate and complete, documents will normally be prepared in 5-7 working days. I understand that I must pick up the documents myself. I hereby authorize the release of any information necessary for this request.

Signature: _____ **Date:** _____

COMPLETE THIS PAGE IF YOU ARE ASKING FOR A NEW I-20

IV. REASON FOR REQUESTING NEW I-20(Attach financial documents)

- Extension** of program (academic advisor's recommendation and/or degree evaluation required)
- Change** in: major source of funding name citizenship dependent information
- Re-entry** to US after absence of more than **5 months**: Expected date of re-entry: ____/____/____
- Replacement** due to loss, damage, or theft of previous I-20
- Addition of dependents** (spouse/children): Expected date of entry: ____/____/____
- Out of status**: Reinstatement Re-enter US as Initial Attendance: Expected date of re-entry: ____/____/____
- Change of status**: From (visa type): ____ To (visa type): ____
- Transfer** back to UNCG from another school: Expected start date at DU: ____/____/____

V. Financial Information

19. Source of funds (in U.S. dollar amounts):
- a. Personal/family funds: \$ _____
 - b. UNCG : \$ _____ What UNCG dept(s)? _____
 - c. Private U.S. Sponsor: \$ _____ Name of sponsor: _____
 - d. Private foreign Sponsor: \$ _____ Name of sponsor: _____
 - e. U.S. government: \$ _____ Which agency? _____
 - f. Home government: \$ _____ Which country? _____
 - g. International organization: \$ _____ Which organization? _____

Submit original financial documents less than 12 months old to verify appropriate funds for the next 9 months.

VII. Dependent Information – For dependents on F-2 visa only; attach additional sheets if necessary

Dependent 1

- 20. Family (Last) Name in Passport: _____
- 21. Given (First) Name in Passport: _____
- 22. Middle Name in Passport: _____ 23. Date of Birth (mm/dd/yy): ____/____/____
- 24. City and Country of Birth: _____
- 25. Country of Citizenship: _____
- 26. Country of Permanent Residence: _____
- 27. Gender: Male Female 28. Relationship: Spouse Child (must be 21 years old or younger)

Dependent 2

- 29. Family (Last) Name in Passport: _____
- 30. Given (First) Name in Passport: _____
- 31. Middle Name in Passport: _____ 32. Date of Birth (mm/dd/yy): ____/____/____
- 33. City and Country of Birth: _____
- 34. Country of Citizenship: _____
- 35. Country of Permanent Residence: _____
- 36. Gender: Male Female 37. Relationship: Spouse Child (must be 21 years old or younger)