

Student I-20 Request Form

Date: __/__/20__ SEVIS ID: N 000_____ CSU ID: _____

Name of Student _____
Last Name First Name M.I.

Phone: (____) _____ Email address: _____@_____

Graduate Undergraduate

College: Liberal Arts/Social Science Business Engineering School of Nursing
 Education/Health Services Science Urban Law

Please choose one:

- Form I-20 Extension:** Attached (on the back) is a form to be filled by your academic advisor, as to why an extension is needed. The form must be completed by your academic advisor before your I-20 extension can be approved.
- Form I-20 Change of Major:** Attach documentation of the new major.
- Form I-20 Change of Funding:** Attach documentation of the new funding source.
- Correct Current Form I-20:** Please specify what corrections need to be made.
 - Correct Name:

Last Name First Name M.I.
 - Correct Date of Birth: _____
Month/ Day/ Year
 - Other: _____
- Replace Lost Form I-20**

I will Pick I-20 up in your office

Mail I-20(s) to: Street: _____ Apt #: _____
Zip: _____ City: _____ State: _____

*****Please allow 5 business days to process*****

**F-1 Program Extension
Academic Advisor Verification Form**

This form is required to extend your I-20. Your academic advisor must complete and sign this entire form before an extension request can be approved by the Center for International Services and Programs. **Note: This form is required ONLY if your I-20 will expire and you need additional time to complete your program.**

Student's Name: _____

End Date of Current I-20: _____

Advisor's Name: _____

Department: _____

1. This student has not yet completed the current program of study due to:

- Delay caused by a change in major field of study
- Delay caused by compelling academic or medical reasons (Please provide documentation)
- Delay caused by a change in research topic
- Delay caused by a unexpected research problems
- No delay. The original length of time given to complete studies was not reasonable for an average student in this program.
- Other (Please Explain): _____

2. When will this student actually complete his/her studies? _____
(mm /dd/ yyyy)

I hereby recommend that this student be allowed additional time to complete his/her degree program at CSU

Advisor's Signature

Date

Phone Number