University of Nevada, Reno

Office of International Students and Scholars
120 Fitzgerald Student Services Building/0074
Reno, Nevada 89557
Tel.: (775) 784-6874 Fax: (775) 327-5845
http://www.unr.edu/oiss

STUDENT I-20/DS-2019 REQUEST FORM

_____ Date of Birth: _____
Last Name First Name Middle Name Month / Day / Year

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed Gender: ☐ Female ☐ Male

NSHE ID: _____ SEVIS ID: N _____ ☐ F-1 ☐ J-1

Major(s) on Current I-20/DS-2019: _____

Minor(s) on Current I-20/DS-2019: _____

Level of Education on Current I-20/DS-2019: ☐ Bachelor's ☐ Master's ☐ Doctorate ☐ Non-Degree

Reason for Request:
☐ Change of Funding*
☐ Add** or ☐ Change** ☐ Major or ☐ Minor
New Major or Minor: _____
☐ Change of Status* (meet with an OISS advisor)
☐ Add or ☐ Change of Level of Education***
New Level of Education: ☐ Bachelor's ☐ Master's ☐ Doctorate
☐ Reinstatement* (meet with an OISS advisor)
☐ Request for Dependents* (Spouse: $7,000; Each Child: $3,000)
☐ Damaged
☐ Lost
☐ Other: _____

* Attach original financial documents issued within 1 year
** Add or change the major or minor at the Office of Admissions and Records or Graduate School first
*** Attach a copy of your admission letter and original financial documents issued within 1 year

Funding Source:
☐ Student's Personal Funds
Funds from the University
☐ Athletic Scholarship
☐ Research Assistantship
☐ Teaching Assistantship
Funds from Another Source
☐ Family Funds^
☐ Home Government/University
☐ International Organization
☐ Private (Foreign) Sponsor^
☐ Private (U.S.) Sponsor^
☐ U.S. Government
☐ Other: _____

^ Submit a Financial Data Form found at OISS or http://www.unr.edu/oiss/forms

Mailing Address: Where do you want your mail sent?

_____
Address

_____
City State Zip Code

Physical (Local) Address: If different from mailing

_____
Address

_____
City State Zip Code

Phone: _____ _____ _____ Email: _____
Home Work Cell

Signature: _____ **Date:** _____
Month / Day / Year

Continued on next page>>

OFFICE USE ONLY

fsaATLAS: _____	SEVIS: _____	Listserv: _____

If Passport, Visa or I-94 information has changed, please fill out below and give us a copy

PASSPORT

Number: _____ Expiration Date: _____ Country: _____
Month / Day / Year

VISA

Number: _____ Issuing Date: _____ Expiration Date: _____
(Red Number on Visa) Month / Day / Year Month / Day / Year

Issuing Post: _____ Immigration Status (F-1, J-1, etc.): _____

I-94 (white card in passport)

Number: _____ Port of Entry: _____

Last Arrival Date: _____ Expiration Date: "D/S" ☐ Yes ☐ No*
Month / Day / Year *If No, I-94 Expiration Date: _____

FILL OUT IF REQUESTING FOR DEPENDENTS OR IF YOU ARE THE PRIMARY ON YOUR DEPENDENTS VISA IN THE U.S.

(Write the name as it appears on the passport; submit a copy of the passport if available)
Attach additional pages if necessary

SPOUSE

_____ ☐ Female ☐ Male
Family Name First Name Middle Name

Date of Birth: _____ _____ _____
Month / Day / Year Immigration Status (F-2, J-2, etc.) City of Birth

_____ _____ _____
Country of Birth Country of Citizenship Country of Permanent Residence

CHILD

_____ ☐ Female ☐ Male
Family Name First Name Middle Name

Date of Birth: _____ _____ _____
Month / Day / Year Immigration Status (F-2, J-2, etc.) City of Birth

_____ _____ _____
Country of Birth Country of Citizenship Country of Permanent Residence

CHILD

_____ ☐ Female ☐ Male
Family Name First Name Middle Name

Date of Birth: _____ _____ _____
Month / Day / Year Immigration Status (F-2, J-2, etc.) City of Birth

_____ _____ _____
Country of Birth Country of Citizenship Country of Permanent Residence