



# I-20 REQUEST FORM

\_\_\_\_\_  
Family Name                      First Name                      Middle Name                      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

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

N \_\_\_\_\_  
SEVIS ID Number

R \_\_\_\_\_  
Student R Number

Level of Education on I-20:  Bachelor's  Master's  Doctorate

\_\_\_\_\_  
Current Major on I-20

### Reason for I-20 Request:

- Change of Funding\*
- Add Major or  Change of Major:  
New Major: \_\_\_\_\_
- Change of Status\*
- Change of Level of Education:\*\*  
New Level of Education: \_\_\_\_\_
- Reinstatement\*
- Request for Dependents\* (Spouse: \$7,000; Each Child: \$3,000)
- Damaged or  Lost I-20
- Other: \_\_\_\_\_

\* Please attach original financial documents issued within 1 year  
 \*\* Please attach a copy of your admission letter and original financial documents issued within 1 year

### Funding Source:

- Student's Personal Funds**
- Funds from University Of Nevada, Reno**
  - Assistantship:
    - Graduate  Research  Teaching
  - Athletic Scholarship
  - Other: \_\_\_\_\_
- Funds from Another Source**
  - Family Funds
  - International Organization
  - Home Government/University
  - Private (U.S.) Sponsor
  - Private (Foreign) Sponsor
  - U.S. Government
  - Other: \_\_\_\_\_

### 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: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home                      Work                      Cell

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

**\*\*Continued on next page\*\***

### OFFICE USE ONLY

fsaATLAS: \_\_\_\_\_

SEVIS: \_\_\_\_\_

SIS: \_\_\_\_\_

Listserv: \_\_\_\_\_

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

\_\_\_\_\_  
Passport Number

Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

\_\_\_\_\_  
Passport Country

\_\_\_\_\_  
Visa Number (Red Number on Visa)

Visa Issuing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

\_\_\_\_\_  
Visa Issuing Post

Visa Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

\_\_\_\_\_  
Immigration Status (F-1, J-1, etc.)

\_\_\_\_\_  
I-94 Number (white card in passport)

\_\_\_\_\_  
Port of Entry

Last Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

I-94 Expiration Date: "D/S"  Yes  No\*      \*If No, I-94 Expiration Date: \_\_\_\_\_



**FILL OUT IF REQUESTING FOR DEPENDENTS OR IF YOUR DEPENDENTS ARE IN THE U.S.  
ON A DEPENDENT VISA**

**\*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