



UCI INTERNATIONAL CENTER
 500 East Peltason Drive, Irvine, CA 92697-5255
 Tel: (949) 824-7249 Fax: (949) 824-3090
 www.ic.uci.edu E-Mail: intl@uci.edu

I-20 REQUEST FORM

Date: _____
 Last Name: _____ First Name: _____
 Date of Birth: _____ UCI ID #: _____
 Telephone: _____ Email: _____
 Address: _____

REASON FOR I-20 REQUEST

<input type="checkbox"/> PROGRAM EXTENSION	<input type="checkbox"/> CHANGE OF MAJOR	<input type="checkbox"/> ADD DEPENDENT(S)
<input type="checkbox"/> LOST/REPLACE FORM	<input type="checkbox"/> CHANGE OF DEGREE LEVEL	<input type="checkbox"/> OTHER: _____
<p>**IF APPLYING FOR AN I-20 FOR DEPENDENTS: PROVIDE THE FOLLOWING INFORMATION: PASSPORT COPIES OF YOUR DEPENDENT'S BIOGRAPHICAL PAGE. DEPENDENT(S) IS DEFINED BY IMMIGRATION IS: "SPOUSE AND/OR CHILDREN UNDER 21 YEARS ONLY." IF YOUR SPOUSE OR CHILD IS A U.S. CITIZEN OR A PERMANENT RESIDENT OF U.S., THEY WILL NOT BE ELIGIBLE FOR AN I-20.</p>		
SPOUSE'S FAMILY NAME	CHILD'S FAMILY NAME	CHILD'S FAMILY NAME
SPOUSE'S FIRST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
CITY AND COUNTRY OF BIRTH	CITY AND COUNTRY OF BIRTH	CITY AND COUNTRY OF BIRTH
COUNTRY OF CITIZENSHIP	COUNTRY OF CITIZENSHIP	COUNTRY OF CITIZENSHIP
COUNTRY OF PERMANENT RESIDENCE	COUNTRY OF PERMANENT RESIDENCE	COUNTRY OF PERMANENT RESIDENCE
<input type="radio"/> FEMALE <input type="radio"/> MALE	<input type="radio"/> FEMALE <input type="radio"/> MALE	<input type="radio"/> FEMALE <input type="radio"/> MALE

ACADEMIC COUNSELOR VERIFICATION

PLEASE HAVE AN ACADEMIC COUNSELOR VERIFY THE CHANGES THAT WILL BE MADE TO YOUR I-20 IF YOU ARE UPDATING YOUR DOCUMENT FOR THE FOLLOWING REASONS:

<input type="checkbox"/> CHANGE OF MAJOR	OLD MAJOR: _____	CURRENT MAJOR: _____
<input type="checkbox"/> CHANGE OF DEGREE LEVEL	OLD DEGREE: _____	CURRENT DEGREE: _____
<input type="checkbox"/> THE STUDENT REQUIRES ADDITIONAL TIME TO COMPLETE PROGRAM (IMMIGRATION REGULATIONS ONLY ALLOW THE INTERNATIONAL CENTER TO EXTEND PRGRAM ONE YEAR AT A TIME.)		

STUDENTS EXPECTED GRADUATION DATE (MONTH/DAY/YEAR): _____

ACADEMIC ADVISOR'S SIGNATURE: _____

NAME AND TITLE: _____

TELEPHONE NUMBER: _____ EMAIL: _____ DATE: _____

SEE REVERSE SIDE FOR MORE INFORMATION →

SOURCE OF FUNDING

IF YOU HAVE ONE OR MORE ACADEMIC YEARS REMAINING BEFORE GRADUATION, YOU MUST PROVIDE A FINANCIAL GUARANTEE FOR AT LEAST THREE (3) QUARTERS. IF YOU HAVE LESS THAN ONE YEAR REMAINING, YOU MUST PROVIDE PROOF OF ABILITY TO PAY TUITION, FEES, AND LIVING EXPENSES FOR THE NUMBER OF QUARTERS REMAINING.

	EAP	UNDERGRAD	GRADUATE	MBA SCHOOL OF BUSINESS	ADV. TO CANDIDACY (PH.D STUDENTS)	WITH SPOUSE	WITH CHILDREN
TUITION/FEES:	WAIVED	\$31,504	\$27,046	\$40,748	\$12,352	\$4,000	\$4,000 PER CHILD
LIVING EXPENSES:	9 MONTHS OF LIVING EXPENSES (ONE ACADEMIC YEAR): \$14,000						
TOTAL:	\$14,000	\$45,504	\$41,047	\$54,748	\$26,352		

PROVIDE EXACT AMOUNTS FOR SOURCE(S) OF FUNDING

<input type="checkbox"/> PERSONAL FUNDS (PROVIDE BANK STATEMENT)	\$: _____
<input type="checkbox"/> FUNDS FROM ANOTHER SOURCE (PROVIDE BANK STATEMENT AND LETTER FROM SPONSOR)	\$. _____
NAME OF SPONSOR: _____	
RELATIONSHIP TO STUDENT: _____	
<input type="checkbox"/> FUNDS FROM UCI DEPT./SCHOOL OF: _____	\$. _____
DEPARTMENT CONTACT: _____	AN OFFICIAL LETTER (ON DEPARTMENT LETTERHEAD) IS RECOMMENDED IF THE STUDENT IS APPLYING FOR A NEW VISA STAMP.
DEPARTMENT CONTACT: SIGNATURE: _____	
TELEPHONE NUMBER: _____	
<input type="checkbox"/> ADVANCED TO CANDIDACY	\$. _____

EMPLOYMENT INFORMATION

ARE YOU CURRENTLY EMPLOYED ON CAMPUS? YES NO

IF YES, WHICH UCI DEPARTMENT? _____

PERSONNEL COORDINATOR/DEPARTMENT CONTACT: _____

TELEPHONE NUMBER: _____

IT IS IMPORTANT THAT THE INFORMATION ABOVE IS CORRECT AND CURRENT IN ORDER TO EXTEND I-9 EMPLOYMENT DOCUMENTS.

TRAVEL INFORMATION

IF YOU WILL YOU BE TRAVELING OUT OF THE U.S., PLEASE COMPLETE THE FOLLOWING:

DESTINATION: _____ DEPARTURE DATE: _____ RETURN DATE: _____

ARE YOU APPLYING FOR A VISA STAMP? YES NO

(IF YES, PLEASE PICK UP A LIST OF RECOMMENDED DOCUMENTS FROM THE IC. IN ADDITION YOU WILL HAVE TO COMPLETE A TRAVEL ENDORSEMENT REQUEST FORM PRIOR TO ASKING FOR A TRAVEL SIGNATURE ON YOUR I-20.)

PLEASE PROVIDE A COPY OF YOUR MOST RECENT I-94 CARD WITH THIS FORM

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE: _____ DATE: _____