

# SEVIS I-20 REQUEST/UPDATE FORM

Please complete all the items below for re-issue of your new SEVIS I-20.  
Your account must be in good standing before any updates can be made to your I-20.

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Today's Date: \_\_\_\_\_ Are you currently registered? \_\_\_\_\_ Technology: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ DOB: \_\_\_\_\_

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## Reason for Update to I-20:

Change of Tech: \_\_\_\_\_ Expired I-20: \_\_\_\_\_ 8/1/03 Deadline: \_\_\_\_\_

Travel: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Country: \_\_\_\_\_ Work: \_\_\_\_\_

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**Are you working off-campus?** Full-time CPT (Internship) \_\_\_\_\_ Part-time CPT \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Work Site: \_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Do you have a work permit?** \_\_\_ yes \_\_\_ no Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Work Site: \_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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Admission # \_\_\_\_\_

Visa Type: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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## Dependents:

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Country of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

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**Home Country Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Local Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Local Phone: \_\_\_\_\_ Home Country Phone: \_\_\_\_\_

Email address: \_\_\_\_\_