

Florida Atlantic University (FAU) ~ Division of Student Affairs ~ International Student and Scholar Services

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ISSS DOCUMENT REQUEST FORM

LAST NAME _____ FIRST NAME _____ Date of Birth _____
Month/Day Year

City of Birth: _____ Country of Birth: _____ Gender: Female Male

Local Address: _____

City/State: _____ Zip Code: _____ Phone: _____ Cell: _____

FAU Email: _____ FAU BANNER ID (Z#) _____

Major: _____ Current Visa Type: ___ F-1 ___ J-1 ___ Other (list here) _____

Degree Level: Bachelor's Master's Doctorate Scholar/Specialist Other (explain) _____

PLEASE INDICATE DOCUMENT NEEDED (NOTE: Processing takes at least 3 business days):

_____ New **I-20** (**COMPLETE REVERSE SIDE**. Must provide current funding documents.).

_____ New **DS-2019** (**COMPLETE REVERSE SIDE**. Must provide current funding documents.)

_____ Certification stating you are a **full-time student** at FAU. ___ FALL ___ SPRING ___ SUMMER

_____ Certification stating you are eligible to apply for **Social Security number**. (**MUST ATTACH (1) current registration schedule proving full-time enrollment AND (2) Hiring Department's Letter.**)

_____ **Certification for Estimate of Expenses.**

_____ **Permission for Concurrent Enrollment** SCHOOL: _____ TERM: ___ FALL ___ SPRING ___ SUMMER
(i.e. NSU, FIU, etc. **MUST attach Academic Advisor's letter AND/OR FAU Transient Student Form.**). **Student MUST SUBMIT** to ISSS copy of registration and concurrent institution no later than FAU drop/add day, and must submit a copy of transcript/grade report within 14 days of semester end.

_____ **On-Campus Employment Certification** (attach Student Employment form)

_____ **Complete attached certification form** (i.e., Government Loan Enrollment Certification, Airline student discount form, etc.)

_____ **Letter Request:** Please write below the name and address of institution/embassy, etc.

_____ **Other** (Please explain below **exactly what you need AND/OR** in addition to what you specified above.):

I hereby authorize the release of information required in the document specified above. If I am unable to pick up document, I hereby authorize ISSS to release document to (state name(s)) _____

Student's Signature

Date

(Continued on back page)

COMPLETE THIS PAGE IF YOU ARE REQUESTING A NEW I-20 OR DS-2019.

Purpose for the request:

- My F-1 or J-1 visa has expired and I plan to travel abroad to apply for a visa renewal.
 - I am currently out-of-status and will travel outside of the U.S. to RESTART F-1 STATUS.
 - I am currently out-of-status and will apply for REINSTATEMENT within the U.S.
 - I CHANGED MY MAJOR OR added a second major (attached proof of second major).
 - I am requesting a PROGRAM EXTENSION (Attach Academic Certification Form & Funding documents).
 - I am applying for a CHANGE OF STATUS (COS) to F-1 or J-1.
 - I need a REPLACEMENT I-20 or DS-2019 for my lost or damaged I-20 or DS-2019..
 - I am currently on OPT Post-completion of Degree (MUST attach a copy of your EAD) and need an I-20 to:
 - (1) Update my I-20 to reflect authorized OPT and/or (2) travel outside of the U.S.
 - I am applying for ACADEMIC TRAINING (MUST attach Academic Advisor's Letter) and need a new DS-2019.
 - New I-20 or DS-2019 for use by my spouse and/or children for travel abroad and reentry to the U.S.
- NOTE:** 1) You MUST present a bank letter showing availability of U.S. funds which will be enough to support yourself and your dependent(s) and Sponsor's letter confirming financial responsibility & sponsorship.
 2) For each dependent, you MUST provide Last Name, First Name, Middle Name (as it appears in his/her passport), (2) Date of Birth (DOB), (3) Place of Birth (POB) and (4) Relationship to you on this form OR attach separate paper with all REQUIRED information clearly typed.
- Other: (Specify other reason(s) in addition to OR not mentioned above.) _____

IMPORTANT: IF TRAVELLING OUTSIDE THE U.S., when is your expected travel dates?

Departure Date: Month _____ Day _____ Year _____
 Reentry Date: Month _____ Day _____ Year _____

ANNUAL SOURCE OF FINANCIAL SUPPORT: Indicate below the sources of your financial support. The total amount MUST EQUAL the current estimate of the minimum cost for you and any dependent(s) for one year.

NOTE: If you are requesting an I-20 for OPT Post-completion of degree, this section may be left blank.

- a. Personal savings..... \$ _____
 - b. Family funds..... \$ _____
 - c. Funds from FAU..... \$ _____
 - c1. MUST INDICATE type of award/employment AND department: _____
 - d. Funds from another source..... \$ _____
 - d1. INDICATE source (Gov't loan, Scholarship, Educ. Grant, etc.): _____
- TOTAL AMOUNT:** \$ _____