

## OFFICE FOR INTERNATIONAL STUDENTS & SCHOLARS

413 Academy St University of Delaware Newark, Delaware 19716 Ph: 302/831-2115 Fax: 302/831-2123 E-mail: oiss@udel.edu http://www.udel.edu/oiss

## I-20/DS-2019 Request Form for Students

Reason For Request (eg. lost, change of level, correction, extension, etc.)  Family/Last Name:  UD ID #:  Local Address:  Local Address:  E-mail Address:  Foreign Address:  Foreign Address:  Foreign Address:  Foreign Address:  Phone:  Status (check one):  Masters  Ph.D.  Undergraduate  ELI  Department:  Anticipated date of completion:  Funding ** (Personal, family funds, T.A., etc.):  ** If you are a graduate student on contract with the U of D (teaching assistant, research assistant, etc.), you must provide a letter our Department stating the amount of funding you will receive for the coming academic year. As this amount appears 20/DS-2019 form, the I-20/DS-2019 will not be prepared until the Office for International Students & Scholars (OISS) has receive formation. If you are not funded, a personal bank statement is required. You need to show \$3000 per dependent.  Dependent/s Information (use reverse for addition information):  Pamily Name:  Date of Birth City & Country of Citizenship: Gender Relationship	Todows Date				DS-2019		
UD ID #:  Local Address:  Foreign Address:  Local Address:  E-mail Address:  Foreign Address:  Foreign Address:  Foreign Address:  Phone:  Status (check one):  Masters Ph.D. Undergraduate ELI  Department:  Anticipated date of completion:  Funding ** (Personal, family funds, T.A., etc.):  * If you are a graduate student on contract with the U of D (teaching assistant, research assistant, etc.), you must provide a lette our Department stating the amount of funding you will receive for the coming academic year. As this amount appears -20/DS-2019 form, the I-20/DS-2019 will not be prepared until the Office for International Students & Scholars (OISS) has received formation. If you are not funded, a personal bank statement is required. You need to show \$3000 per dependent.  Dependent/s Information (use reverse for addition information):	roday's Date:				evel, correction,		
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**I certify that I have medical insurance coverage for myself and My Dependents**	ur Department stating to 0/DS-2019 form, the I-2 formation. If you are not expendent/s Information	he amount of funding 0/DS-2019 will not be funded, a personal bank (use reverse for additional parts)	you will rece prepared until t statement is rec on information Date of Birth	cive for the control of the Office for Inquired. You need to:  City & Country of	oming academic ye nternational Students ed to show \$3000 per	ar. As this & Scholars dependent.	amount appears on s (OISS) has received
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