

I-20 REQUEST FORM

Processing Time: ONE WEEK

Last Name First Name Marital Status

UCCS ID Email Address Date of Birth

Were you ever placed on probation or suspension at UCCS? ____ Yes, which term(s); No ____

Address in **home country**: Address line 1: _____

Address line 2: _____

City: _____ Province/Territory: _____

Postal Code: _____ Country: _____

Address in **the U.S.**: Address line 1: _____

Address line 2: _____

City: _____ State: _____

Zip Code: _____

I-94 Admission No. (from I-94 card) _____ Expires on _____

US Visa for the above status expiration date: _____ Passport expiration date _____

REASON FOR REQUESTING I-20

____ To replace a lost form

____ For use by dependents seeking US visa or change of status:

Name of dependent (last, first) _____ spouse child

Gender _____ Birth date _____ Country of birth _____

Country of citizenship _____ Permanent residence _____

Name of dependent (last, first) _____ spouse child

Gender _____ Birth date _____ Country of birth _____

Country of citizenship _____ Permanent residence _____

Name of dependent (last, first) _____ spouse child

Gender _____ Birth date _____ Country of birth _____

Country of citizenship _____ Permanent residence _____

____ Change of source of funding (supply documentation)

____ I-515

____ Change of visa type

____ Change of degree program (must submit copy of acceptance letter from department and proof of financial support):

____ Other (please explain):

Do you plan to travel? ____ If yes, will you need to renew your F-1 visa? ____ Dates you will be traveling: _____

For Office Use Only

Received by: _____ Date: _____

1420 Austin Bluffs Parkway, Colorado Springs, CO 80918

TEL: 719-255-7526

FAX: 719-255-3116

iss@uccs.edu