

## I-20 or DS-2019 Request for Continuing Students

The purpose of this form is to request an updated Certificate of Eligibility (I-20 or DS-2019). Please allow two weeks for processing upon submission of the completed form at the Office of Global Services (OGS). Enter your name as it appears on your current passport and print clearly and legibly. Incomplete or inaccurate information will delay processing of your request.

Please note, all email correspondence from the Office of Global Services will be sent to your Husky email.

C   S   S	hange of Education Level*: from omplete sections 1, 3, 4, and 5 If you are moving from a PhD to a Masters pre ertificate of Program Completion Form and p ou may be required to complete additional action change in funding (updated financial ever complete sections 1, 3, 4, and 5	ogram or from a Graduate Certificate rovide a copy of your assistantship av Imissions forms for all other changes	e program to a Masters in G ward letter or financial stat	CPS, you must also complete the	
c R c		idence/letter is required)		ement for the next academic leve	
_ <b>c</b> _ s		idence/ietter is required/			
	eplace lost I-20 or DS-2019  omplete sections 1, 4, and 5				
	Study abroad I-20 (letter from study abroad advisor confirming exact dates and location of study abroad is required)  Complete sections 1, 4, and 5				
_	eturn from a leave of absence of more omplete sections 1, 3, 4, and 5	than 5 months (indicate the ter	rm that you plan to res	ume classes:	
_	Employer information updated during OPT (you must also complete the Employer Updates for Students on OPT form)  Complete sections 1, 4, and 5				
_	or dependents (spouse/child) omplete sections 1, 2, 3, 4, and 5				
	other:omplete sections 1 and 5				
art 1	L: Student Information				
ame:					
	Last/Family Name of Birth:///	First/Given Nar		Middle Name	
	:		Number:		
urrer	nt U.S. Address:	treet			
	J			Apt #	
	City St	ate	Zip Code	Country	



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## **Part 2: Dependent Information**

To apply for an F-2 (I-20) or a J-2 (DS-2019) for dependents, please complete the information below. The dependent's name should be entered as it appears on their passport. Please attach a financial statement demonstrating that the necessary funding will be provided (for first dependent: \$8,000 and \$4,000 for any additional dependents). Please also attach a copy of the biographical page(s) of each dependent's passport.

Please check one:							
Dependent is already in the U.S.*  *Dependents who will change their status to F-2/J-2 must file	form I-539 with USCIS. Please refer	to the OGS Change of Status Instructions.					
Dependent will apply for a visa outside of the U.S.							
Last Name:	First Name:	First Name:					
Date of Birth:/	to Student:						
Country of Birth: C	ountry of Citizenship:						
Part 3: Financial Information							
Indicate the source(s) and amount of financial support in U.S. d	ollars (include copies of update	ed/current financial letters).					
Personal Funds: \$							
Sponsor Funds*: \$							
*Name of Sponsor:							
Government Funds: \$							
Northeastern University Scholarship/Award: \$							
Graduate Assistant Stipend: \$							
Other:							
Part 4: Delivery Information							
Once my I-20 or DS-2019 is ready (please check one):							
I will pick it up myself							
My friend will pick it up* Name:							
*Please inform your friend when you receive notification that your document is ready. Your friend will need to show their ID when they picture your I-20 or DS-2019.  I will purchase an eShipGlobal label (for instructions on creating an eShipGlobal label visit northeastern.edu/ogs/contact)  Please mail it to: (your document will be mailed via USPS regular mail. Overseas mailing will be by regular mail.)							
					Street		Apt #
					Part 5: Student's Signature	Zip Code	Country
Student's Signature:	Da	Date:					