

<u>ISSS Staff Initials & Date</u>	<u>Notes (for official use only)</u>	<u>Pickup: Student Initials & Date</u>
---------------------------------------	--------------------------------------	--



UNIVERSITY OF
DENVER

International Students and Scholar Services
Office of Internationalization, University of Denver
2200 S. Josephine St., Denver, CO 80208
Phone (303) 871-4912 • Fax (303) 871-4910
<http://www.du.edu/intl/iss/>

DOCUMENT REQUEST FORM

I. General Information

1. DU Student/Banner ID #: _____ 2. Visa Type: _____
3. Family (Last) Name in Passport: _____
4. Given (First) Name in Passport: _____
5. Middle Name in Passport: _____ 6. Date of Birth (mm/dd/yy): ____/____/____
7. Gender: Male Female 8. City and Country of Birth: _____
9. Country of Citizenship: _____
10. Phone number: _____ 11. E-mail address: _____

II. Academic Information

12. Educational Level:
 Freshman Sophomore Junior Senior Masters Doctorate LLM JD Certificate: what type? _____
13. Primary Major: _____ 14. Secondary Major: _____
15. Minor: _____
16. Date you started your current program at DU (mm/dd/yy): ____/____/____
17. Date you plan to complete your program at DU (mm/dd/yy): ____/____/____

III. PLEASE INDICATE DOCUMENT(S) NEEDED:

*Refer to the ISSS website: <http://www.du.edu/intl/iss/forms.htm> for instructions and forms.

- Signature** on I-20 for travel: Date you plan to **return** to the US (mm/dd/yy): ____/____/____
- *Approval for **Less Than Full-Time Enrollment**
- Certification of **Enrollment**
- Certification for a **Social Security Number** (must provide job offer letter with nature of employment, hours/week, workplace, and supervisor name & email)
- Approval for **Concurrent Enrollment**
- Year: ____ Fall Winter Spring Summer
- Name of other school: _____

<h4 style="text-align: center;">MUST FILL OUT BACK SIDE FOR:</h4>

- | |
|---|
| <p><input type="checkbox"/> New I-20 or DS-2019 (include funding documents)</p> <p><input type="checkbox"/> *Curricular Practical Training (CPT) Authorization</p> <p><input type="checkbox"/> *Optional Practical Training (OPT) Recommendation</p> <p><input type="checkbox"/> *Other Off-Campus Work Authorization (Academic Training, Severe Economic Hardship, Int'l Org, SSR)</p> <p><input type="checkbox"/> Letter of Invitation (provide name(s), date of birth, relationship, passport numbers of visitors and reason)</p> <p><input type="checkbox"/> Certification of Estimated Expenses</p> <p><input type="checkbox"/> Other: _____</p> |
|---|

If all supporting information is accurate, documents will normally be prepared in 5-7 working days. I understand that I must pick up the documents myself. I hereby authorize the release of any information necessary for this request.

Signature: _____ **Date:** _____

COMPLETE THIS PAGE IF YOU ARE ASKING FOR A NEW I-20/DS-2019

IV. REASON FOR REQUESTING NEW I-20/DS-2019 (Attach financial documents)

- *Extension of program: attach Recommendation Form from Academic Adviser
 Change in: major source of funding name citizenship dependent information
 Re-entry to US after absence of more than **5 months**: Expected date of re-entry: ____/____/____
 Replacement due to loss, damage, or theft of previous I-20/DS-2019
 Addition of dependents (spouse/children): Expected date of entry: ____/____/____
 Out of status: Reinstatement Re-enter US as Initial Attendance: Expected date of re-entry: ____/____/____
 Change of status: From (visa type): ____ To (visa type): ____
 Transfer back to DU from another school: Expected start date at DU: ____/____/____

V. Financial Information

19. Source of funds (in U.S. dollar amounts):

- a. Personal/family funds: \$ _____
b. University of Denver: \$ _____ What DU dept(s)? _____
c. Private U.S. Sponsor: \$ _____ Name of sponsor: _____
d. Private foreign Sponsor: \$ _____ Name of sponsor: _____
e. U.S. government: \$ _____ Which agency? _____
f. Home government: \$ _____ Which country? _____
g. International organization: \$ _____ Which organization? _____
h. Binational Commission: \$ _____ Which country? _____

Submit original financial documents less than 12 months old to verify funds for the next 9 months (approximately \$46,206 and \$3,328 for each dependent).

VII. Dependent Information – For dependents on F-2 or J-2 visa only; attach additional sheets if necessary
Dependent 1

20. Family (Last) Name in Passport: _____
21. Given (First) Name in Passport: _____
22. Middle Name in Passport: _____ 23. Date of Birth (mm/dd/yy): ____/____/____
24. City and Country of Birth: _____
25. Country of Citizenship: _____
26. Country of Permanent Residence: _____
27. Gender: Male Female 28. Relationship: Spouse Child (must be 21 years old or younger)

Dependent 2

29. Family (Last) Name in Passport: _____
30. Given (First) Name in Passport: _____
31. Middle Name in Passport: _____ 32. Date of Birth (mm/dd/yy): ____/____/____
33. City and Country of Birth: _____
34. Country of Citizenship: _____
35. Country of Permanent Residence: _____
36. Gender: Male Female 37. Relationship: Spouse Child (must be 21 years old or younger)