

**For Office Use Only**

Assigned to	Processing Checklist	Processing Notes
<input type="checkbox"/> MP <input type="checkbox"/> EH <input type="checkbox"/> MB <input type="checkbox"/> DD <input type="checkbox"/> LB <input type="checkbox"/> CC	<input type="checkbox"/> Enrollment checked by _____  <input type="checkbox"/> GA processed ____ / ____ / ____  <input type="checkbox"/> ISA processed ____ / ____ / ____	

## DOCUMENT REQUEST FORM

SECTION A: General Information		
LAST (FAMILY) NAME in Passport	FIRST NAME in Passport	DU ID#
IMMIGRATION STATUS <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> Other _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (mm/dd/yyyy) ____ / ____ / ____
Current U.S. Phone Number	DU Email Address	

**Please make sure your addresses, phone number, and e-mail address are current in MyWeb!**

Read the instructions on how to update MyWeb on our website: [http://www.du.edu/intl/iss/address\\_updates.pdf](http://www.du.edu/intl/iss/address_updates.pdf)

SECTION B: Academic Information
EDUCATIONAL LEVEL <input type="checkbox"/> ELC <input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> LLM <input type="checkbox"/> JD  <input type="checkbox"/> Certificate (please list): _____
Primary Major: _____

SECTION C: Please Indicate Document(s) Needed:	
<b>General Requests:</b> <input type="checkbox"/> Approval for Less Than Full-Time Enrollment* <input type="checkbox"/> Certification for a Social Security Number for On-campus Employment* <input type="checkbox"/> Certification of Estimated Expenses <input type="checkbox"/> Approval for Concurrent Enrollment* <input type="checkbox"/> Transfer Out Form* <input type="checkbox"/> Travel Signature on I-20/DS-2019 (if unable to come during <a href="#">walk-in hours</a> ) Dates leaving and returning to the U.S. (mm/dd/yy): ____ / ____ / ____ to ____ / ____ / ____ <input type="checkbox"/> Other (please list): _____	
<b>F-1 Students Only:</b> <input type="checkbox"/> Curricular Practical Training (CPT) Authorization* <input type="checkbox"/> Optional Practical Training (OPT) Recommendation* <input type="checkbox"/> Economic Hardship (Please meet with ISSS Advisor) <input type="checkbox"/> New I-20 (Complete <b>Part D</b> on back)	<b>J-1 Students Only:</b> <input type="checkbox"/> On-Campus Work Authorization <input type="checkbox"/> Academic Training* <input type="checkbox"/> Economic Hardship (Please meet with ISSS Advisor) <input type="checkbox"/> New DS-2019 (Complete <b>Part D</b> on back)

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

I will pick up my documents myself.  I cannot pick up my documents and have attached a [Third-Party Pick up/Mailing Authorization Form](#) with this request.

I hereby authorize the release of any information necessary for this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If all supporting information is accurate, documents will normally be prepared in 3-4 business days.**

**COMPLETE REQUIRED SECTIONS IF YOU HAVE REQUESTED A NEW I-20/DS-2019**

**SECTION D: Reason for Requesting New I-20/DS-2019**

- Extension of program\* (Complete **Part E** and submit Advisor’s Recommendation Form)
- Re-entry to US after absence of more than 5 months: Expected date of re-entry: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Complete **Part E**)
- Replacement: Reason for Replacement:     Lost     Stolen     Damaged
- Addition of dependents (spouse/children): Expected date of entry to U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Complete **Parts E & F**)
- Out of status: Please make an appointment with an ISSS advisor
- Change of status: From (status): \_\_\_\_\_ To (status): \_\_\_\_\_ (Complete **Part E**)
- Transfer back/return to DU from another school: Expected start date at DU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Complete **Part E**; in addition, email [iss@du.edu](mailto:iss@du.edu) about your transfer)
- Change in:     Major     Legal name     Citizenship     Source of funding (Please complete **Part E**)  
                   Dependent information (Please complete **Part E**)

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

**SECTION E: Financial Information**

Submit original financial documents less than 12 months old to verify funds for the next academic year or length of program, if shorter. Normal cost for Academic Year 2012-2013 is \$55,576 plus \$3,960 for each dependent. Exceptions may apply; please see an advisor for details.

**Source of funds (check all that apply)**

- Personal Funds \$ \_\_\_\_\_
- Family Funds\* \$ \_\_\_\_\_
- University of Denver      Name of Department/Unit: \_\_\_\_\_ \$ \_\_\_\_\_
- Employer\* \$ \_\_\_\_\_
- Student’s Government      Name of Sponsoring Agency: \_\_\_\_\_ \$ \_\_\_\_\_
- Other\*      Name of Sponsor: \_\_\_\_\_ \$ \_\_\_\_\_
- Other\*      Name of Sponsor: \_\_\_\_\_ \$ \_\_\_\_\_

\* If you have funding other than personal funds, please have the person providing the funding sign the following statement or supply a financial guarantee letter from your financial sponsor.

**Statement of Guaranteed Funding**

I, \_\_\_\_\_, certify that funding in the amount(s) indicated above will be available to support the student named in Part A during his/her program at the University of Denver.

Signature of Guarantor \_\_\_\_\_ Date \_\_\_\_\_

**SECTION F: Dependent Information**

If your dependents (spouse and/or unmarried children under 21 years old) will come to the U.S. in F-2 or J-2 status, you must provide evidence of sufficient financial support prior to the issuance of Form I-20/Form DS-2019 (\$3,960 per academic year for each dependent). **Please submit copies of dependents’ passport ID pages.**

	Spouse	Child 1	Child 2	Child 3
Family Name from passport				
Last Name from passport				
Middle Name from passport				
Date of Birth (mm/dd/yyyy)				
City and Country of Birth				
Country of Citizenship				
Country of Legal Residence				
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male