For Office Use Only		
Assigned to	**Processing Checklist**	**Processing Notes**
☐ MP ☐ EH ☐ MB ☐ DD ☐ LB ☐ CC	☐ Enrollment checked by _____ ☐ GA processed ____ /____ /____ ☐ ISA processed ____ /____ /____	

DOCUMENT REQUEST FORM

SECTION A: General Information

LAST (FAMILY) NAME in Passport	FIRST NAME in Passport	DU ID#

IMMIGRATION STATUS ☐ F-1 ☐ J-1 ☐ Other ____	GENDER ☐ Male ☐ 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/isss/address_updates.pdf

SECTION B: Academic Information

EDUCATIONAL LEVEL ☐ ELC ☐ Undergraduate ☐ Masters ☐ Doctorate ☐ LLM ☐ JD
☐ Certificate (please list):

Primary Major:

SECTION C: Please Indicate Document(s) Needed:

General Requests:

- ☐ Approval for Less Than Full-Time Enrollment*
- ☐ Certification for a Social Security Number for On-campus Employment*
- ☐ Certification of Estimated Expenses
- ☐ Approval for Concurrent Enrollment*
- ☐ Transfer Out Form*
- ☐ Travel Signature on I-20/DS-2019 (if unable to come during walk-in hours)
  Dates leaving and returning to the U.S. (mm/dd/yy): _____ /_____ /_____ to _____ /_____ /_____
- ☐ Other (please list):

F-1 Students Only:	**J-1 Students Only:**
☐ Curricular Practical Training (CPT) Authorization*	☐ On-Campus Work Authorization
☐ Optional Practical Training (OPT) Recommendation*	☐ Academic Training*
☐ Economic Hardship (Please meet with ISSS Advisor)	☐ Economic Hardship (Please meet with ISSS Advisor)
☐ New I-20 (Complete **Part D** on back)	☐ New DS-2019 (Complete **Part D** on back)

***Refer to the ISSS website: http://www.du.edu/intl/isss/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 isss@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/isss/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				
	☐ Female ☐ Male	☐ Female ☐ Male	☐ Female ☐ Male	☐ Female ☐ Male