

DOCUMENT REQUEST FORM

| Section A: Student Information | | |
|---|---------------------|-------------|
| DU ID: | LAST (FAMILY) NAME: | FIRST NAME: |
| <i>I hereby authorize the release of any information necessary and authorize any changes needed to complete my request.</i> | | |
| STUDENT SIGNATURE: | | DATE: |
| <input type="checkbox"/> I cannot pick up my documents and have attached the Mailing Authorization Form with this Request. | | |

ISSS will send all communications about this request to your @du.edu email. Remember to check this account regularly.

| SECTION B: Please Indicate Document(s) Needed: | |
|--|--|
| General Requests: <input type="checkbox"/> Certification for a Social Security Number for On-campus Employment* *Refer to the ISSS website: http://www.du.edu/iss/employment/ssn.html for instructions and sample employer letter. <input type="checkbox"/> Travel Signature on I-20/DS-2019 Dates leaving and returning to the U.S. (mm/dd/yy): ____/____/____ to ____/____/____ <input type="checkbox"/> Other (please list): _____ | |
| Requests for F-1 Students Only: <input type="checkbox"/> New I-20 (Complete Part C) <input type="checkbox"/> Economic Hardship Employment Authorization (Please meet with ISSS Advisor) | Requests for J-1 Students Only: <input type="checkbox"/> New DS-2019 (Complete Part C) <input type="checkbox"/> Economic Hardship Employment Authorization (Please meet with ISSS Advisor) |

COMPLETE SECTIONS C+D ONLY IF YOU HAVE REQUESTED A NEW I-20/DS-2019

| SECTION C: Reason for Requesting New I-20/DS-2019 |
|--|
| <input type="checkbox"/> Re-entry to US after temporary absence: Expected date of re-entry: ____/____/____ (Complete Part D) <input type="checkbox"/> Replacement: Reason for Replacement: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Updated <input type="checkbox"/> Addition of dependents (spouse/children): Expected date of entry to U.S.: ____/____/____ (Complete Parts D & E) <input type="checkbox"/> Out of status: Please make an appointment with an ISSS advisor <input type="checkbox"/> Change of status: From (status): ____ To (status): ____ Expected Completion Date ____/____/____ (Complete Part D) Refer to the ISSS website: http://www.du.edu/iss/visa-immigration/changeofstatus.html for instructions and forms <input type="checkbox"/> Return SEVIS Record to DU from another school: Expected start date at DU: ____/____/____ Complete and submit the Transfer-In Form at https://www.du.edu/iss/forms/sevis-transfer-in.pdf <input type="checkbox"/> Change in: <input type="checkbox"/> Major <input type="checkbox"/> Source of funding (Please complete Part D) <input type="checkbox"/> Dependent information (Please complete Part E) <input type="checkbox"/> Legal name or Citizenship (Submit copy of ID page of Passport) |

| FOR ISSS OFFICE USE ONLY | | |
|--------------------------|---|------------------|
| Assigned To: | Processing Checklist: | Processing Notes |
| | <input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ____/____/____ <input type="checkbox"/> ISA processed ____/____/____ | |

SECTION D: Financial Information

Submit financial documents less than 12 months old to verify funds for the next academic year or length of program, if shorter. The amount of funding required varies by program. For program costs please see:

<https://www.du.edu/financialaid/resources/coa.html>

Source of funds (check all that apply)

- Personal Funds \$ _____
- University of Denver Name of Department/Unit: _____ \$ _____
- Non-DU Scholarship Name of Sponsoring Agency: _____ \$ _____
- Family/Private Sponsor* Name of Sponsor: _____ \$ _____
- Family/Private Sponsor* Name of Sponsor: _____ \$ _____

* If you have funding other than personal funds, please have the person providing the funding sign the following statement and provide the funding documents as described above 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 Sponsor _____ Date _____

SECTION E: 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 (\$5,200 per academic year for a spouse and \$3,960 for a child). **Please submit copies of dependents' passport ID pages.**

| | Spouse | Child 1 | Child 2 | Child 3 |
|----------------------------|---|---|---|---|
| Family Name from passport | | | | |
| First 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 |