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# UNT

#### International Student and Scholar Services

• 940-565-2195 (phone) • 940-565-4145 (fax) • MARQ 110 • <u>www.international.unt.edu/immigration</u>

### Request for New or Revised I-20

Biographical Data									
Family Name: First				rst & Middle Name:				Date of B	irth:
E-mail:	UNT ID #:								
U.S. Local Address:					Permanent Foreign Address:				
City:									
State:					City:				
Zip Code:					Province:				
Phone Number:					Country:				
Country of Citizenship:				Imr	mmigration Status: Gender:				
								Male	Female
Current Degree Level:		Current Major:			Expected Graduation (Sem		ester/Year):		
Passport Expiration:	Passport Expiration: Visa Expiration:		Do you	Do you have F-2 Depende		-			
□Yes				Departure Date:					
			□No						
			Destination		on:	1:			

Reason for Request:							
Program Extension. (Please apply at least 30 days before the expiration date of current I-20.)							
I have attached: 🗌 Academic Advisor Recommendation form 📋 New Financial Documents							
<b>Change of Degree Level.</b> (You must apply within 15 days of beginning new degree level.)							
I have attached: 🗌 Admission letter to new department 🔲 New Financial Documents							
Change of Major. (Apply after departmental approval.)							
Old Major: New Major:Double Major/Minor (if any):							
Change of Funding. (Attach new financial documents, including sponsor letter, if applicable)							
<b>Reprint of I-20.</b> <i>Reason:</i> Lost Endorsement Lines Full Damaged Stolen							
Reentry. Reason: Return after Authorized Early Withdrawal Correct Status Other:							
I am returning for the term: 🗌 Fall (year) 🔲 Spring (year)							
🗌 Summer (year) (Maymester: Summer I Summer II)							
I have attached: 🗌 New Financial Documents							
<b>F-1 Status</b> . I am: 🗌 Leaving the U.S. and applying for F-1 Visa							
Applying for a Change of Status in the U.S. (See advisor for additional requirements.)							
I have attached: 🗌 Admission Letter to UNT or IELI 🛛 New Financial Documents							
Other:							

#### I have fully completed the above information and understand the regulations regarding this process: If I have any questions, I will consult with an ISSS Advisor

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	Signature	Date:					