

Request Form for I-20/DS-2019

This form should be completed by any F-1 or J-1 student requesting a new I-20/DS-2019 OR travel signature on the I-20 or DS-2019 for themselves or any of their dependents.

Family Name: _____ First Name _____ WID#: _____

E-mail: _____ Phone: _____ Visa Type: _____

U.S. address: _____
Street Address City/State/Zip Code

Program of Study: _____ Expected degree completion date: _____

Do you plan to enroll at K-State University for the next semester? Yes No

Choose request below:

Travel Signature Request: Please read the travel information page on the ISSS website for additional details:
<http://www.k-state.edu/iss/students/f1/travel.html>

Who is requesting a travel signature? (Select all that apply)

F-1/J-1 Student F-2/J-2 dependent (s): How many dependents? _____

Travel Details:(estimated dates of travel are acceptable.)

Departure Date _____ Return Date _____ Where are you going? _____

Request for new I-20/DS-2019: Please check the reason you are requesting a new document.

Duplicate of previous I-20 or DS-2019 : Lost Stolen Damaged Other: _____

*ISSS is required to report a lost/stolen DS-2019 to Department of State.

Change of Status from _____ visa status to F-1 or J-1 (please circle one)

Are you currently enrolled? Yes No

If no, which semester do you plan to enroll full-time for the first time? _____

Reinstatement to F-1 or J-1 Status with application to USCIS

Travel & re-entry to gain new status. Expected return date to U.S. _____

Applying for Economic Hardship. Requested start date _____

How do you plan to have your documents picked-up from ISSS? Documents will only be given to the F-1 or J-1 unless written consent is provided. Please choose an option below.

I will pick up my document (s) personally.

I prefer my document to be sent electronically per current SEVP COVID-19 guidance.

I authorize my friend to pick up my document(s). Name of friend _____

I would like to use eShipGlobal to ship with a courier service. An email will be sent to you from ISSS with instructions on how eShipGlobal works.

I certify that the information provided is true and accurate. I confirm that I have health insurance for myself and my dependents (if applicable) as required by Kansas Board of Regents. I take responsibility for knowing and following immigration rules related to international travel. I intend to return in my current immigration status after my trip abroad. I have received and reviewed the travel information and was informed about potential problems I may face as a result of traveling internationally.

Student Signature: _____ Date: ____/____/____

**KANSAS STATE
UNIVERSITY**

International Student
& Scholar Services

104 International Student Center, Kansas State University
Manhattan, KS, 66506-6701 U.S.A.
Phone: 785-532-6448 - Fax: 785-532-6607
Email: iss@k-state.edu
k-state.edu/iss - [facebook.com/issksu](https://www.facebook.com/issksu)

STAFF USE ONLY:

1. _____ Be sure the I-20 is for the correct person. Ask student to review information: major, program dates, personal info.
2. _____ Check the end date of the I-20 to be sure a student does not need a program extension.
3. _____ The date of DSO signature on page 2 should not be more than 1 yr old from the date student is returning to the U.S.
4. _____ See if there is anything for the student in the pick-up folder.
5. _____ Verbally confirm home address listed is also in KSIS as 'Home' address. If not, remind to update immediately as to not delay processing.