

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/issc/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:

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 for the first time? _____

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

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

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 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: ____/____/____

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.

KANSAS STATE
UNIVERSITY

International Student
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