

# 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.

Name: \_\_\_\_\_ WID#: \_\_\_\_\_  
Family First

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Expected degree completion date: \_\_\_\_\_

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

## Please choose one of the following:

**1.) 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? \_\_\_\_\_

**2.) 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  
\*ISSS is required to report a lost/stolen DS-2019 to Department of State.

- ☐ Change of Status from \_\_\_\_\_ 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?

- ☐ I will pick up my document(s) personally.
- ☐ I authorize my friend to pick up my document(s). Name of friend \_\_\_\_\_
- ☐ I will arrange to have the document picked up by a courier service. You will need to provide your account number, address you wish the document to be shipped to, and a phone number of recipient.

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: \_\_\_\_/\_\_\_\_/\_\_\_\_