

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.) Where are you going? _____

Departure Date (from the U.S.) _____ Return Date (to the U.S.) _____

☐ **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 _____

☐ OPT employment information update. Please ensure you have submitted the OPT update form.

Your new I-20 will be emailed to you. ISSS will use your KSU email account if you are a current student. For those on Optional Practical Training, we will use the email listed on your SEVP Portal. Upon receipt of the electronically transmitted I-20, you will need to print, sign and date it to present and use, as necessary. *SEVP has formally adopted the use of electronic signatures and transmission of the form I-20* (<https://www.ice.gov/doclib/sevis/pdf/I20-guidance.pdf>).

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
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