

**OISS APPLICATION FOR I-20**

REASON FOR NEW I-20 (Please check all that apply):

- Part-time Commuting Canadian for the:** (Semester) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Previous semester: \_\_\_\_\_ you were:     Full-time     Part-time  
 REMINDER: You are not eligible for on-campus employment on the part-time I-20
  
- Will you be taking all your courses online this semester:**     Yes     No
  
- Part-time changing to Full-time Commuting Canadian for the:** (Semester) \_\_\_\_\_ (Year) \_\_\_\_\_ \*
  
- Entry to Regain Status** \*
  
- Reinstatement within the U.S.** \*
  
- Change of Major** \*  
 New Major: \_\_\_\_\_ Session Start Date: \_\_\_\_\_  
 Expected Graduation Date: \_\_\_\_\_
  
- Change of Program Level**  
 From: \_\_\_\_\_ To: \_\_\_\_\_
  
- Pursuing Second Degree Program** \*  
 New Program Name: \_\_\_\_\_ New Program Start Date: \_\_\_\_\_  
 Expected Graduation Date: \_\_\_\_\_ (Proof of Admission must be attached)
  
- Other:** \_\_\_\_\_
  
- Dependents\*** (Please write dependents name below **ONLY** if you are requesting an I-20 for your dependent(s), **AND BRING PROOF OF RELATIONSHIP, SUCH AS MARRIAGE CERTIFICATE, BIRTH CERTIFICATE, ETC.**)

Last Name	First Name	Middle Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship

(\*) Asterisk indicates that new financial documentation is required if current financial documentation is more than 6 months old.

PLEASE COMPLETE PAGE 2 OF THIS FORM

**WAYNE STATE  
UNIVERSITY**  
**OISS APPLICATION FOR I-20**

PERSONAL DATA			
Visa Type:		WSU Email:	
SEVIS ID (From I-20):		WSU ID:	
<b>Please Check:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms.	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth (Month/Day/Year):</b>	
Country of Citizenship:		Country of Birth:	
Last Name:	First Name:	Middle Name:	
<b>Current Degree Program:</b> <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> Pharm. D. <input type="checkbox"/> Other (Please Specify): _____			
Major:		Academic Department:	
Program Start Date:		Program End Date:	
FINANCIAL RESOURCES (If Required, Marked by Asterisks * on Page 1)			
Student Personal Funds:		Funds From This School: (Scholarships, Assistantships, etc.)	
Funds From Other Sources: (Specify Source)		On Campus Employment:	
FOREIGN ADDRESS			
Street:			
City:		Province:	
Postal Code/ Zip Code:		Country:	
U.S. ADDRESS			
Street:			
City:	State:	Zip Code:	
TELEPHONE			
Home:	Work:	Mobile:	
<input type="checkbox"/> I will pick up I-20 <b>Student's signature:</b> _____ <b>Date:</b> _____			
<b>OISS STAFF ONLY</b> <b>Application Reviewed By:</b> _____ <b>Date:</b> _____			