

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

Part Time Commuting Canadian \*

Requesting I-20 For: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

In my previous semester: Semester: \_\_\_\_\_ Year: \_\_\_\_\_, I was  Full Time  Part Time

**REMINDER: You are not eligible for on-campus employment on the part-time I-20**

All my courses will be online this semester

Commuting Canadian changing from Part-Time to Full-Time \* for: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Entry to Regain Status \*

Reinstatement Within the U.S. \*

Change of Major \*

New Major: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Change of Program Level \*

From: \_\_\_\_\_ To: \_\_\_\_\_

Change of Visa Status \* (Example: Changing from F-2 to F-1, or H-4 to F-1, etc.)

Current Visa Status: \_\_\_\_\_ New Visa Status: \_\_\_\_\_

Pursuing Second Degree Program \*

New Program: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: Proof of Admission Must Be Attached.**

Program Extension \*

Reason for Extension: \_\_\_\_\_

New Program End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other: \_\_\_\_\_

Dependents \* (ONLY if you are requesting an I-20 for them.)

Please provide the following information for each dependent you are requesting an I-20 for.

**REMINDER: Proof of relationship is required. Please bring the appropriate documents such as marriage certificate, birth certificate, etc. as needed to properly establish your relationship to the dependent listed.**

Name (Last, First Middle)	Date of Birth	Country of Birth	Country of Citizenship	Relationship

\* Asterisk indicates that new financial documentation is required if the current financial documents OISS has on file are more than 6 months old.

**PLEASE COMPLETE PAGE 2 OF THIS FORM**

**IDENTIFICATION INFORMATION**

Last Name:		First & Middle Name:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Current Visa Type:	
SEVIS ID:		WSU ID:	
Country of Birth:		Country of Citizenship:	

**CURRENT PROGRAM INFORMATION**

Current Degree Program: <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:	Department:
Program Start Date:	Program End Date:

**U.S. CONTACT INFORMATION**

Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
WSU Email:		Personal Email:

**FOREIGN ADDRESS**

Address:			
City:	Province:	Postal Code:	Country:

**FINANCIAL RESOURCES** (If required. Marked by Asterisks on Page 1)**Please attach copies of appropriate documentation.**

<input type="checkbox"/> Student Personal Funds Amount: _____
<input type="checkbox"/> Funds from WSU (Scholarships, Assistantships, etc.) Amount: _____ Source: _____
<input type="checkbox"/> Funds from other sources (Specify source) Amount: _____ Source: _____
<input type="checkbox"/> On Campus Employment: Amount: _____ Employer: _____
<input type="checkbox"/> I will pick up the I-20
Student's Signature: _____ Date: _____

**OISS STAFF ONLY**

Application Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_